Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY

	. COUNTY	Washington	1	MAR	YLAND	o. STATE	Mary.	land	b. COUNTY	Wa	shin	gton	
	CITY OR TOWN (If RURAL and give ne Hager:		ts, write	c. LENGTH OF STATE	Y (N 16	20 11	gerst	•	rote limits, write R	URAL ond	give nec	rest town	n)
	OR INSTITUTION	on Co. Hos				1	ADDRESS	ons Av	е.,				SIDENCE FARM? NO
	NAME OF DECEASED (Type or print)	Fir Ba	aby	Girl Middl		Ahalt	tao,	4. DATE OF DEATH	Mor 1:		11	,	Yeor 19 57
5. 5	female	6. COLOR OR RACE	7. MARE	RIED NEVER MARE		11-9-5			9. AGE (In years lost birthday) yrs.	IF UNDE Months	Doy 2	Hours	ER 24 HR
100	. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS				or foreign co		12. CI		U.S.	A.
13.	FATHER'S NAME	James Ahal	t				'S MAIDEN						
15. (Ye:	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of a	CES? 16. ervice)	social security N		ames Al	alt	Hage	rstown	Md	•		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	telecte	res							RVAL BE	DEATH
	Conditions, if ar	n mediate		Cronoty	roct	4			to the same of the same of the		2	200	de
20	lying couse fost. PART II. OTH	ler SIGNIFICANT CON)	CONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	AINAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
TIFICATION	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRISE HOW INJURY	OCCURRE	D. (Enter noture	of injury in	Port 1 or Por	t II of item 18.)				NO [
CAL CERTIFI		S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye	or 20d. II	NJURY OCCURRED	20e. Pt	ACE OF INJUR	f (Home, for	m. 20f. (Cib	or lown)		(County)		(Stole
MEDICA	Hour o. m. p. m.	19	While of wor	Not while		clory, street, of	ice bldg., et					11-	
	21. I certify the alive an/ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	19-	22., and the	at death	, 19 <u>5</u> occurred o			the causes of the form of the causes of the services of the se			te state	
220	REMOVAL (Sprcify)	N, 226. DATE THEREO		Rose H		r crematory Cemeter			TION (City, town, rstown	or county)		(Stol	te)
	red W. Kra		erst	ADDRESS own, Md.			249 REC	D BY REGIST	TRAR 2454 REG	STRAR'S S		re Leve	re
-	0010	PAVUE	4										

A STATE OF THE PARTY OF THE PAR

BUREAU V. S.

ZSGI & 1 AU

71 moster, H. 25, 49.

The content of the state of the

THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS

L			192	CO CERT	IFIC/	ATE OF D	EATH	1		Reg. Dist.	No. 3	02
1.	PLACE OF DEATH		1.100	99		2. USUAL RESID	ENCE (Wh	ere decease	d lived. If institu		before od	mission)
	Was	hington		MAR	YLAND	o. STATE	Mary	rland	b. COUNT	Wash	ineto	n
	b. CITY OR TOWN (III	f outside carparate limi	ts, write	c. LENGTH OF STAY	/ IN 16	c. CITY OR T	OWN (If o	utside carpa	rote limits, write			
П	Hagerst			l day		03 1	lagers	stown				
		AL (If nat in haspital, s	ive street			d. STREET AL		2.001122			a, IS	RESIDENCE N A FARM?
		on County	Новр	ital		817 W	l. Was	hingt	on Street	et		NO P
3.	NAME OF DECEASED	Fie	sř	Middle	•	Last		4. DATE OF	M	anth	Day	Year
	(Type or print)	Baba		Boy		Alger		DEATH	Nove	mber	26	1957
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED IE	B. DATE OF BIRTH	1		9. AGE (In year lost birthday)	IF UNDER 1	YEAR IF UI	NDER 24 HRS.
	male	White	WIDOW	ED DIVORCI	ED 🔲	November	24,	1957	At OLLUNGSA		pys Hau	urs Min.
10	a. USUAL OCCUPATIO during most of work	IN (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU					12. CITIZ		HAT COUNTRY
	none							own, M	d.		U.S.	A.
113	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
		mel Alger				D	oris	Harve	y			
15		R IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. II	NFORMANT			Ad	dress	***************************************	
	no			none	M	. Samuel	Alge	er	Hagersto	own, Md		
CERTIFICATION	Conditions, if or gave rise to in cause (a), stating I lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING	the <u>under-</u> DUE TO GER SIGNIFICANT CON	DITIONS	DULMONAL DOLLAR TO DE CRIBE HOW INJURY CO						IVEN IN PART I	(o) 19. W/PEI	day day day s autopsy reformed?
MEDICAL C		Month, Day, Yes	or 20d. It While at wor	NJURY OCCURRED Nat while k at wark	20e. PL/ foo	ACE OF INJURY (Hartory, street, affice	bldg., etc.	, 20f. (City	ar tawn)	(Cou	unity)	(State)
222	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Elaine A N. 25 Elaine A N. 226. DATE THEREO 11/27/19 5 SIGNATURE T Tymeral	19 -	PADDRESS Hagerston	L Cen	occurred at a man, or	l w.	M, fran ADDRESS (SI Wash	n the causes treet, city or town	and an the	date st	
13	208/27	1XV5							1.40			

VS A15 (4) 15M 9/55

7 THE RESIDENCE OF THE PARTY OF T 2 1057

	ing physician and completely filled in by the funeral director,	and 2 should be filed with	(
	0	1114 4	1
	ner	o p	
	1 0	non	
	y Ih	2 5	
	d n	Pue	
	pa	1	
	Fill	les 1 o	
	tole		,
	nple	Sers.	
	000	lod	diff
	ond	noc	0
	6	Cort	offe
	ysici	ove	37.5
	hd	emc	2 130
	ling	Se -	n 7
	Hen	Then please remove carbon papers.	vith
	0 0	eu	ut v
	y th	Ė	eve
	S D	Ē	Ony
	gne	Per	=
5	After this certificate has been signed by the attendin	nsit	pup
320	be	-tra	ģ,
à	hos	Drid	é
Ĕ	ole	è à	r re
ren	tific	s th	c,
50	Cer	9	atio
0	this	5	Fea
dsc	fter	d fo	of, c
ě	A :	xche	Vrig
7	0	det	5
0	REC	e 3 should be detached for use as the burial-transit permit. The	registrar prior to burial, cremation, ar remayal, and in any event within 72 has
OIN	ō	pla	d
Le	RAI	sho	stra
De	Z.	60	reg
may be retained by the haspital or o	D FUNERAL DIRECTOR: AF		

1	L	2304	Reg. Dist. No.
11	1	PLACE OF DEATH o. COUNTY + 7	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 9. STATE 9. COUNTY
1	L	Washington MARYLAN	Maryland b. COUNTY Washington
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) lown)	
	İ	agers town Md 1	Sharpsburg "arvland RFD 7 X2
31	١.	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1	V	Vashington County Hospital	Antietam YES NO N
	3.	NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
	L	(Type or print) William Edward	Badger DEATH Nov. 11 1957
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
		lale White WIDOWED DIVORCED	July 24 1896 61 m. 3 10
	10	On. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
1	L	Brakeman B & O R. Ra	od Washington County Md USA
1	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	L	Unknown	Lucy Zimmerman
	15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Antidetam
0	L	17	Mrs. Carrie Badger Sharpsburg Md RFD 1
	F	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).}	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Arterioscler	otic cardio-vascular disease 5 Yrs.
		420.1 DUE TO	0.20000
		Conditions, if ony, which)	
	l	gove rise to immediate (
		lying couse last.	
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	CATIO	Bronchial asthma	PERFORMED? YES NOTE
			RED. (Enter nature of injury in Part II or Part II of item 18.)
	188	200. ACCIDENT WAS UNDERLYING (CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or Igwn) (County) (Stote)
	MEDI	Hour e.m. 19 While Not while of work of work	foclory, street, office bldg., etc.)
		21. I certify that I attended the deceased from NOV. 9	1957 to Nov. II , 19 57 that I last saw the deceases
		The same in a standard inc deceased it air.	ith occurred at 3:40AM, fram the causes and an the date stated above
	ı	and that dec	ADDRESS (Street, city or lown, stole) DATE SIGNED
,		ACTUAL / / De le A - he at	Sharpsburg, Md. 11/12/57
		SIGNATURE // XVXX	M.D
		PHYSICIAN'S Walter H. Shealy M.	D.
	72	Po. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	
		ufficial (Specify) Nov. 13-57 Mt. View	(Signe)
	-	2))	240, REC'D BY REGISTRAR 2464 REGISTRAR'S SIGNATURE
			A TARE KEL D DI KENISIKAN ZADAREDISIKAN 3 SILIYALDKE

CERTIFICATE OF DEATH

BUREAU V. &

2561 0 , 10n

BECEINED

FOR STATE HEALTH DEPT.

I

0

b. If any delay is necessary, please of 3 to the funeral director. Page 5 mm a relained for your files. 2 w e State Board of Health, ours writer death. 0 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If xecute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 h should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 mm UNERAL DIRECTOR: Page 3 should be used as a burial-tronsit permit. File pages 1 and 2 whits designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours.

5	Ð	4		
VS.				
51	A :	2/5	7	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12365 12370 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 30

o. COUNTY	Washingto	on	MARYLAND	o. STATE Mary		b. COUNT				
b. CITY OR TOWN (if and give negres) town! Hage	outside corporate limits, wi	He BURAL	c. LENGTH OF STAY IN 16 5 days	c. CITY OR TOWN (Rure 1	Sharp		RURAL and give i	neorest town)		
	at or institution		pital, give street address)	d. STREET ADDRESS Antietem				e. 15 RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Rodne		Middle Eugene	Beachley	4. DATE OF DEATH	Mont		Year 19 57		
5. SEX Male	6. COLOR OR RACE	7. MARRI		March 6,1	886	9. AGE (In years lost birthday) 71 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.		
10o. USUAL OCCUPATIO during most of workin Millrig	g life, even if retired)		Furniture Co.	TRY 11. BIRTHPLACE (Store		country)		SA		
	arles E. I		V	14. MOTHER'S MAIDEN		luntsberry	7			
15. WAS DECEASED EVI	ER IN U. S. ARMED FO (If you give over or dates o	I service)		NFORMANT Edwin C. Be:	chley	Address R#3	Hagereto	wn. Md.		
PART I. DEAT 331X Conditions, if or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), active to immediate couse (o).									
200. EXTERNAL CAL	95E WAS 2		ONTRIBUTING TO DEATH BUT I				, ,	PERFORMED?		
PRIMARY O or CONCAUSE OF DEATH.			none							
Y 20c. TIME OF INJUR		While	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, for lory, street, office bldg., etc. None	m, 20f. (Cit	ty or town)	(County)	(Stote)		
		Natural	remains described aboreouses x, Accident		Hamicide	e . Undefe	Inquiry			
EXAMINER'S NAME (Type)	S/ F	obert	Wells, M.D.	ASSISTANT MEDICAL		4	11-5-5	7		
220. BURIAL, CREMATIO REMODEL (SPECIA)	N. 226. DATE THERE 11-6-5	_	Rose Hill Co			gerstown	4.4	Md •		
23. FUNERAL DIRECTOR	SSIGNATURE	- 11,	ADDRESS	240. REC	'D BY REGIS	STRAR 246. REGIS	STRAR'S SIGNATU	RE		

BUREAU V. E.

MON IS 1957

BECEINED

in by the funeral director, and 2 shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page the attending physician and complet permit. Then please remove carbon papers, in any event within 72 hours after death. may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by each as a shauld be detached for use as the burial-transit permit. I registrar prior to burial, cremation, ar remayal, and in any expension.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12371

CERTIFICATE OF DEATH

Reg. Dist. No. 302

12366

	PLACE OF DEATH	ngton	MARYI	AND	2. USUAL RESIDER			L.COHNTY	on Residence		e odmissi	on)
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, corest town)			c. CITY OR TO	WN (IF or	uside corpo	rata limits, write R			rest town)
	Hager	stown	10 Hrs		03 Has	gers	town					
9	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	e street address)		d. STREET ADD	DRESS					ON A	DENCE FARM?
	Wash.	gounty Ho	spital		2118	Vir	gini	a Ane			YES 🗌	NO
	3. NAME OF DECEASED	Fint	Middle		Lost		4. DATE	Mon	th	Day	, Y	feor
	(Type or print)	VERNIE	ETTA		BECKLEY		DEATH	Novemb	er 9	19	57 1	9
	5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIE	0 🔲	B. DATE OF BIRTH		1111	9. AGE (In years lost by Indoy)				
	Female	White	VIDOWED DIVORCED		March :	10 1	886	71 yes.	Monns	Days	Hours	Min.
1	10a. USUAL OCCUPATIO	ON (Give kind of work do	ne 10b. KIND OF BUSINESS OF	RINDUS				2012	12. CITI			COUNTRY
À	Housewife		Own Home		Hager	stow	n Wa	sh. Co		U	SA	
4	13. FATHER'S NAME				14 MOTHER'S M	AIDEN N	AME			-		
	John	Kendle			Ida	Cri	lley					
	15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.		IFORMANT	-7_		Add				
)	No		None	Mi	ss Ida	pae	Beck	ley 211	8 Vi:	rgi	nia	Aze
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which (b) mmediate (e per line for (o). (b). and (c).]	me	Hagers	town	Md.	deler		INTE	RVAL BET ET AND	WEFN DEATH
	lying couse lost.) (c)			1							
2	CATIC		TIONS CONTRIBUTING TO DEA						EN IN PART	1(a) 15	P. WAS A PERFOR	RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)						,				
	20c. TIME OF INJUR Hour a. m. p. m.		20d. INJURY OCCURRED While Not while at work at work	20e. PLA faci	CE OF INJURY (Ho lory, street, office b	me, form, ldg., etc.]	20f. (City	or lown)	(C	County)		(State)
	alive on //	at I attended the d	leceased fram! - 8 , 1964; and that		accurred at		_M, from	the causes of reet, city or town.	ind on th			
1	PHYSICIAN'S NAME (Type)	To Ew	Citt 4	^	A.D.	fee.	la.	n That	·	11	-11:	-57
	220. BURIAL, CREMATIO REMOVAL (Specify)	N. 276. DATE THEREOF	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCAT	ION (City, town, o	or county)		(Slote)
	Burial	11/12/57	Rose Hil	1 0	emetery	H	gers	town Wa	sh.	Co	Md	
	23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS				BY REGIST	RAR 245 REGIS	STRAR'S SIG	-46		1
	androw	K Coffma	n Hamanatarr	No a	1	1250	12.19.	51 446	144	gar.	PILL	(D)

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

EUREAU V. S.

ZS6T ST NON

BECENTED

VIII A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr.L.G. Graff, 12372 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1.	PLACE OF DEATH			2. USUAL RESIDENCE	E (Where deceased	lived. If institutio	n Residence befo	are admission)
L	a. COUNTY Was	hington	MARYLAND	o. STATE M	aryland	b. COUNTY	Washin	ngton
Г	b. CITY OR TOWN (If out RURAL and give neares	side carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside corpor	rate limits, write RU	IRAL and give ne	arest lawn)
	Hagerst		l wk.	Hag	erstown	,		
	ORJINSTITUTION	I not in hospital, give street		d. STREET ADDRE				e. IS RESIDENCE ON A FARMS
L	"ashingt	on County I	lospital	120 Ea	st Anti	etam St	•	YES NO.
3	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Manti	h De	ay Year
L	(Type or print)	CLYDE	MICKLEY	BELL	DEATH	Nove		17 19 5 7
5	h		RIED 🗌 NEVER MARRIED 🕍	8. DATE OF BIRTH		iast birthday)	Months Days	Hours Min
-	Male	White wow			,1895	62 m		
10	QUITING MOST OF WORKING	ITH EVEN IS SASIERS	KIND OF BUSINESS OR IND					OF WHAT COUNTRY?
	DOOKKEE	er	Retired		amsport	, Md.	USA	1
113	FATHER'S NAME	D-33		14. MOTHER'S MAIL				
-		arles Bell			lian Ge			
L)	to no or unknown)	U. S. ARMED FORCES?		INFORMANT	T/ 3	Addre		
F	Yes			enj. Tyle:	r-kings	ton, N.	J.	
Г	PART 1. DEATH V	Enter anly are cause per li	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\	- ()	1.00		ERVAL BETWEEN
	22/V IMA	MEDIATE CAUSE (a)	Carpion	ascula		1/01/11)	min
Г	23/1	DUE TO	n . 1.1	110	N	11.	. 4	4 1
	Conditions, if any, a	diate (Lereby	/ AUG	· ++0	char		1 Owb.
	cause (a), staling the stying cause last.	DUE TO	Antovi	nicleus	1196	don		412
Ιz		IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	T NOT RELATED TO THE I	FPMINAL DISEASE	CONDITION CIVE	N IN PART I(a)	10 WAS ALITOPSY
CERTIFICATION				TO THE TO THE	CKINI ING OTOLING	CONTROL ON CONTROL	.4 114 1 761 1(0)	PERFORMED?
18	20g. ACCIDENT WAS UN OR CONTRIBUTING ()	IDERLYING [] 20b. DES	CRIBE HOW INJURY OCCURE	ED (Enter nature of injur	y in Part I at Part	II of item 18)		162 🗖 19 🔯
	(IF EITHER, NOTIFY MED	AUSE OF DEATH ICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY A	ionth, Day, Year 20d. I	NJURY OCCURRED 204.	LACE OF INJURY (Home,	form, 20f. (City	or tawn)	(County)	(State)
MED	Hour a.m.	While 19 at war	Not white t	actory, street, affice bldg.	., etc.)			
		attended the deceas	ed from MOV, 12	19.52, to	NAV I	7 1057	lahan I fash s	aw the deceased
	alive an VOV	1 ~~	\$2, and that deal			,		aw the deceased He\state\d above.
	_0		Egel, I and mar acar	Tractoried dilleg		et, city or tawnust		DATA SIGNED
	ACTUAL SIGNATURE CO	in Pl	M	MD 119	E OW	Tiex	The same	11/18/57
	PHYSICIAN'S	1 =		115	11			Laure Separate
L	NAME (Type)	LOUIS 6	.Gratt	WD	1417	es I W	\sim \sim \sim	y . ,
22	BUR AL, CREMATION, 2	226. DATE THEREOF	22c. NAME OF CEMETERY		22d LOCAT	ION (City town, or	county	(State)
	Burial	11-19-57	St. Pauls	Cemetery	nr.	Clear S	bring	Md.
23.	FUNERAL DIRECTOR'S SIC	NATURE	ADDRESS		REC'D BY REGISTR	PAR 246 25015T	RAR'S SIGNATU	
	Andrew K.	Coffman-Ha	gerstown. M	arvland of	00.70.19	STOKE	4171	severy

BUREAU V. &



51

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 11
--

12368

2373	CERTIFICATE	OF DEA	TH

M

			-	-	
Reg.	Dist.	No.	3	Z	Z

1.	PLACE OF DEATH O COUNTY	Washington		MARYL	AND	2. USUAL RESI	Md.	ere deceate	d lived. If institut b. COUNTY		lence belo Ashin		on)	
	b. CITY OR TOWN (III	outside carporate limits, arest lawn)	write	c. LENGTH OF STAY IN	v 16	c CITY OR 1	OWN (If o	utside corpo	prate fimils, write i	RURAL on	d give ned	crest town)	
	Hager			5 weeks		».	Fun	kstow	n					
Г	d. NAME OF HOSPIT	AL (If not in hospital, give	street	oddress)		d. STREET A	DORESS					e. IS RES	DENCE	
		o. Hospital				1	Route	40 A					NO A	
3.	NAME OF DECEASED	First		Middle	_	Los		4. DATE OF	Ma	nth	Do	,	fear	
	(Type or print)	Calvin		Clevel		Bierl	Name and the same	DEATH	11		23		9 57	
5.	SEX	6. COLOR OR RACE 7	MARR	IED NEVER MARRIED		B. DATE OF BIRTI	Н		9. AGE (in years		ER 1 YEAR	-		
	male	white w	IDOWE	DIVORCED		1-14-1	885		10st birthday]	Manth	Doys	Hours	Min	
100	. USUAL OCCUPATIO	N (Give kind of work dor	e 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12	CITIZEN C	F WHAT	COUNTRY?	
		ing life, even if retired}	b	lacksmith		Fu	nksto	wn. Me	d.		U.S	.A.		
retired Diacksmith Funkstown, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME														
	*****	1.2 m m2	7				T	61	la.					
15		Liam T. Bier		SOCIAL SECURITY NO	17 (6		Laura	Smit		leas				
()	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Tot. no or unknown) (Tot. or unknown) (T													
	no				Ivit !	S. II allo	62 10	CUS	- utiks co	111) 1				
		TH [Enter anly one cause									ONS	ERYAL BE	TWEEN DEATH	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Art	erioscler	051	is and	Maln	utrit	tion.		7	Years		
	420.0	DUE TO												
	Canditions, if as													
	gave rise to in cause (a), stating t	nmediote (-	
	lying cause last.	(c)												
×	PART II OTH	IER SIGNIFICANT CONDIT	IONS C	ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN P	ART 1(a) 1	9. WAS	UTOPSY	
ATK	Arthri				_							PERFO YES [RMED?	
FEC			b DESC	s and Lar	CURREC	(Foler polyre o	Lall I	Port Lor Por	*S DULLO	ZCKS			110	
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER	D. DE3.	chief flow floor oc	CORRES	, trues notate o	i mjerji ni r	511151751	, , , , , , , , , , , , , , , , , , , ,					
CAL	20c TIME OF INJUR	Y Manth, Day, Year	20d. II	NIURY OCCURRED 2	Oe. PLA	CE OF INJURY	Home, form	20f. (Cit)	r or town)		(County)		(Stote)	
MEDICAL	Hour a.m.	19	While at war	Nat while	fac	tary, street, affice	bldg., etc.) [
~				The Period	92	57	M) >== ()7E	9 .				
	1 1100	at I attended the d	ecease	ed from DEPU.	- درب	1991	, to_14(2.V.a6	19.01 , و الأوا	(_,that	I last so	sw the	deceased	
	alive on NOV	7. 23.	125	and that a	leath	occurred at			n the causes		the da	te state	d above.	
		1	1	5		77.			Ireel, city or town				TE SIGNED	
	SIGNATURE	1100	$1 \subset$	tell		M.D	9 N.	Poto	mac Sti	'eet	11	25	-57.	
	PHYSICIAN'S	D A D-11	17	D										
	NAME (Type)	R.A.Bell,	Mi.	ש.			Ha	agers	town, h	lary	land	La		
22	BURIAL, CREMATIO	N. 22b. DATE THEREOF		22c NAME OF CEMET	ERY OF	CREMATORY		22d. LOCA	TION (City, Jawn,	or county	/)	(State)	
	REMOVAL (Specify) Burial	11-26-57		Funksto	wn			Fun	kstown			Md.		
23.	FUNERAL DIRECTOR			ADDRESS			240 REC'I	D BY REGIS	TRAR 24b, REG	STRAR'S	SIGNATU	RE		
τ	Fred W. Kra	aiee Hana	ns et fra	own. Md.			Dod	21.1	957 61	514	430	ev	esul	
	- Du 118 111	nage	× 12 ()	CHILL FICE			7		- gom	774	100			

BUREAU V. T.

VOV 29 1957

DE SELLIES

12369

Reg. Dist. No.

W of Shing to h		Jeh.	<u>44.</u>	Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write R	URAL and give nearest lown)
HEARYSTOWN	50 645	Gree	reastle	4
d NAME OF HOSPITAL (If not in hospital, give street of	oddress)	d. STREET ADDRESS	ALW VIVE	e. IS RESIDENCE
OR INSTITUTION	callal	and al Q.	1:10 5+	ON A FARM?
TATASHING ION CA. 1710	ושדוקבכ	28 14. 50	F11316 311	YES NO
3. NAME OF First	Middle	Lost	4. DATE Mon	th Day Year
(Type or print) — Drence	_ Fletch	er Bither	DEATH NAUS	hhow 19 1957
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
Fomale White WIDOWE	DIVORCED T	July 4, 18	P3 lost birthday)	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b.				12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	il		- / /	in a final country
13. FATHER'S NAME	Mouse werk	Fenna.	Shippessburg	U.S.H.
IJ. FATHER'S NAME	1	14 MOTHER'S MAIDEN NA	AME /	7
LOUIS Henry FI	otcher	Martha	Ellen Kn	We.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 15.	SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess /
(Yes, no, or unknown) (If yes, give wor or dates at service)	Maria a	111,200	n 12 + 111	111- 7 8- 14
10 CALIFE OF PEARLS [5-4	/VENE! //	n. T. N. FLEXCE	Bleen WE	of thought week by
18. CAUSE OF DEATH [Enter only one couse per lin PART 1. DEATH WAS CAUSED BY:	er.	P		NTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	it to brale	heman leage		3 clays -
14.4.2 X. DUE TO		,		/
Conditions, if any, which)	or frusive. W	felioschrotie	conditions	lar Mukumu
and the state of t		, <u>, , , , , , , , , , , , , , , , , , </u>		and the second s
lying couse lost. (c)			dista	18? By 4. 4. 3
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY
[5]				PERFORMED?
# 20a. ACCIDENT WAS UNDERLYING T 20b. DESC	RIDE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	art I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PI	ACE OF INJURY (Home, form,	1005 (61)	
A Hour B. ft. While	Not white fo	ctory, street, office bldg., etc.)	20t. (City of fown)	(County) (State)
p. m. 19 at work	at work			
21. I certify that I attended the decease	d from	16. 19 57. to	7(00), 19, 19-57	,that I last saw the deceased
and the same of th	7 and that death	accurred at 6/051	At from the annual	nd an the date stated above
/	, did tildi dedi:		DORESS (Street, city or town, :	
SIGNATURE John M. Hor	n Gohres.			
SIGNATURE SIGNATURE	4 ()-6-11 4 1	M.D. 154 West	Washington St	11:20:57
PHYSICIAN'S	-1 M D			
NAME (Type) John H. Hornb	aker, M.D.	Hagerston	vn. Md.	
220. BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY	R CREMATORY	22d. LOCATION (City, town, o	r county) (State)
REMOVAL (Specify) 11/21/1957	Coder this	Cemetery	Colonicast.	o Fastella Fina
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246. REGIS	TRAK'S SIGNATURE
Ab. 00 kg. 91	Muma st.	13 Mont	97 1957 /56	estimos sorol
mana " your	b contract	BATE	MINIONA	ATT. COURT OF

VS A15 (4) 15M 9/55

BATTERN V. S.

DEALEDS!

12375 **CERTIFICATE OF DEATH** Rea. Dist. Na PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 81 RURAL and give nearest town) GHFIELD gor Stewy d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION IS RESIDENCE ON A FARM VASHIN YES NO NAME OF Lost 4. DATE Manth Day Yeor DECEASED OF DEATH (Type or print) 19.5~ SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED | DIVORCED [7] USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VICTOR CILLLEN 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCEST 116. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for [a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) night heart tailure 1 WK ~ DUE TO Conditions, if ony, which) gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19. WAS AUTOPSY PERFORMED? acute Fratro- Eusteritis YES P NO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) Hour o. si. While Nat while p. m. of work of work 11-6-5719 that I last saw the deceased 21. I certify that I attended the deceased fram.___. and that death occurred at 7.15 A.M. from the causes and on the date stated above alive on DATE SIGNED 154 West Washington St. **ACTUAL** M.D. Hagerstown, Md. SIGNATURE PHYSICIAN'S John H. Hornbaker, M.D. NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town; or county) (State) REMOVAL (Specify) 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS/ 24g. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE 15M 11/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



- 9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	22	70	CERTIFICATE	OF	DEATH
š	6.3	/ h	CENTILICATE	U .	D-POLIT

12371 Reg. Dist. No. 375

	1. PLACE OF DEATH a COUNTY					2. USUAL RES	IDENCE (Wh	ere decease			Residence	before	odmission	1)
	WASHIN	IGTON		MA	RYLAND	MARYLAND WASHINGTON								
	b. CITY OR TOWN (II RURAL and give ne	f autside corporate lim- arest town)	ts, write	e. LENGTH OF STA	LY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
		RSTOWN		YEARS		-	PERSIC	OWN						
	OR INSTITUTION	AL (If not in hospital, i	ine street or	ddress}		d. STREET	ADDRESS					e.	ON A FA	ENCE ARM?
and the same		POINT SAL		DAD		651	POI		LEM I	ROAI)		YES 1	10 👍
	3. NAME OF DECEASED	Fi		Midd		Lo	tec	4. DATE OF		Month		Day	Yec	
	(Type or print)	DRED		AFAYETT		BROWN		DEATH	TACATO	-		.95	19	
	5. SEX	6 COLOR OF RACE	7. MARRIS	EDE NEVER MAR	RIED	B. DATE OF BIR	TH		9. AGE (In lost birth	7.00.0	Months D		HOURS	24 HRS Min.
	MALE	WHITE	WIDOWED		CED 🔲	OCTOBE		1896	61	yrs.		,		
	100 USUAL OCCUPATIO during most of work	IN (Give kind of work ling life, even if retired	done 105. K	IND OF BUSINESS	OR INDU	STRY 11. BIRTHI	LACE (State	or foreign c	ountry)		12. CITIZ	EN OF	WHAT C	OUNTRY?
	TOOL CUSTO	DDIAN FA	TRCH	ILD AIR	CRAF	the same of the sa	ELAN		E WAS	SH.C	D.MI).[J.S.	A.
	13. FATHER'S NAME					14 MOTHER	S MAIDEN N	IAME						
		IN BROWN					A BRO	OWN						
	15. WAS DECEASED EVEL	R IN U. S. ARMED FOR (If yes, give wer or delet of i	CESP 16. S	OCIAL SECURITY N	10. 17. II	NFORMANT			HAC	3 ERS	IWO I	I MI		
Tan-	NO		22	20 10 39	93b_1	RS. ZEI	LA B	ROWN.	651	MIOS	T SA	THE	I RO	AD
	18. CAUSE OF DEA	TH [Enter anly one co											VAL BETW	
	PART I, DEA	TH WAS CAUSED BY-	, Art	teriosc.	Lerot	cic Hea	art di	iseas	e and	i			MOD D	
	4.0.0	DUE TO		oronary	Thro	ombosis								
	Conditions, if a	ny, which) (t	A											
	gave rise to in	mmediate					-							
	Couse (a), stating the lying couse lost.	the <u>under-</u>												
		ER SIGNIFICANT CON		ONTRIBUTING TO I	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEAS	SE CONDITIC	N GIVEN	I IN PART	1(0) 19	WAS AU	TOPSY
)	PART II. OTH		None.									١,	PERFORM	
i	200 ACCIDENT WA	S UNDERLYING TO	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter noture	of injury in f	ort I or Por	rt II of item 1	81				
		MEDICAL EXAMINER)												
	20c. TIME OF INJUR	Y Month, Day, Ye		JURY OCCURRED		ACE OF INJURY			y or lown)		(Co	unty)		(Stote)
	Hour o m.	19	While at work	Nat while		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ce brog., etc.	1						
	21. I certify th	at I attended this	decease	d from Mai	rch 4	1957	to	ct.	18,	,57	that I is	ist sav	the de	erenser
		tober 18	10		at death	accurred a	11:00	Au fron	m the cou	**** CO	d on the	. dote	ttatad	abava
	01110 011	24			ui deam	accorred a			itreet, city or			Julie		E SIGNED
į	ACTUAL SIGNATURE	110	100	00/		1	.19 No	orth	Potor	nac	Stre	et	11-2	2-57
1	SIGNATURE					M U								
	PHYSICIAN'S NAME (Type)	R. A. B	ell,	M. D.		F	lagers	stown	, Mar	yla	nd.			
	220. BURIAL, CREMATIO	N, 226. DATE THERES	OF .	22c. NAME OF CI	EMETERY O	R CREMATORY		22d. LOCA	TION (City.	town, or	county)		(Stote)	
	REMOVAL (Specify)	NOV.4	1957	BOONSB	ORO (EMETER	RY BO	ONSBO	DRO W	ASH.	CO.N	ID.		
	23. EMHERAL DIRECTOR	S SIGNATUTE		7 ADDRESS	4	har de		D BY REGIS		PEGISTI	RAR S SIGN	NATURE		1
	6000 7 W	Ul Chrus	12	Doous	nen	md	2400	6.19	57 6	Like	ston	100	الصلاعة	W/
		-A - EIN AND									4 4			

BUREAU V. S.

ATTO THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12372 CERTIFICATE OF DEATH 302 Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution: Residence before admission) . COUNTY filed b. COUNTY MARYLAND Washington Maryl and Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (Il outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) should Hagerstown Hagerstown Life d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE im ON A FARM? 301 N. Mulberry Street YES NOT 301 N. Mulberry St. and Ē NAME OF 4. DATE First Middle Lost Month Doy Yeor P DECEASED DEATH MAY BRUNNER ABER November 1957 (Type or print) ANNA 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX DATE OF BIRTH Months Days Hours Min. DIVORCED [Female White WIDOWED T January 1 popers campl 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo housewife Hagerstown, Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Rowland Hattie Lumm 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Fred C. Brunngraber none Hagerstown no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which permit. any gned gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🌃 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL ő 20c. TIME OF INJURY Month, Day Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.] Hour om. While Nat while at work at work 21. I certify that I attended the deceased from 700 that I last saw the deceased and that death accurred at 3,2027-M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL HUUT P FÚNERAL D 3 shaule gistrar p PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Rose Hill Cemetery Hagerstown Maryland EUNERAL DIRECTOR'S SIGNATURE SUTET -ROUZET PUT **ADDRESS** 240 REC'D BY REGISTRAR Tuneral "ome Hagerstown. Md. VS A15 (4) R. Ferklin 15M 9/SS

DECEDACED.

EUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BECEINED

160. SI VO!

JREAU V 📜

ofter death.

ero

physicion

á

that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OBCEDAED

EUREAU V. S.

Reg. Dist. No. 302

by be retained by the hospital at attending physician. **UNERAL DIRECTOR: After this certificate has been signed by the attending physicial states that the state of the varial-transit permit. Then please remove a feature prior to burial tremation and in any event within 72 hours as		.9	Ŭ	Ç
by be retained by the haspital or attending physician. UNERAL DIRECTOR: After this certificate has been signed by the attending a should be detached for use as the burial-transit permit. Then place the purial remarking an remarkal and in any event within		ding physic	зе гетоуе	n 72 hours
by be retained by the hospital or attending physician. UNERAL DIRECTOR: After this certificate has been signed by the gramman and the burst permit. The partition pricy to third premitting the partition and in one easily managed and in one easily and in one easily.		attend	n pleo	the state of
by be retained by the haspital or attending physician. UNERAL DIRECTOR: After this certificate has been signed by a 3 should be detached for use as the burial-transit permit. The analysis prior to burial remaining are removed and in any		y the	The	Aven
by be retained by the hospital or attending physician. UNERAL DIRECTOR: After this certificate has been significate by should be delabed for use as the burial-transit requirer prior burial transmitten or removal and		llned b	permit.	in one
y be retained by the hospital or attending phy. UNERAL DIRECTOR: After this certificate has be a 3 should be detached for use as the burial-tending or semonal.	SICION.	een si	ronsit	, ond
by be retoined by the hospinal or attending the BAL DIRECTOR: After this certificate as 3 should be detached for use as the brightner prior to buried presentition or the bartest presenting the bartest present the bartest p	צהק פ	hos b	urial-t	CACE
UNERAL DIRECTOR: After this cert e 3 should be detached for use as requirer prior to hurring reamplians.	tendin	ficate	the b	-
UNERAL DIRECTOR: After this 3 should be detached for a	9	s cert	use os	00000
UNERAL DIRECTOR: Africal should be detached resistory by burief	pifol	er thi	for	7877
UNERAL DIRECTO 3 should be de	The no	JR: Aft	toched	herring
UNERAL DIRE	<u>ک</u>	5	e de	r to
UNERAL	Dec		άP	2010
CNE CNE	reid	RAL	shou	Istrar
	Ճ ≿-	UNE	e 3	2007

0 VS A15 (4) 15M 9/55

	1. PLACE OF DEATH o. COUNTY		MARYLAND	o. STATE	b. COUNTY	on: Residence before admission)					
		nington If putside corporate limits, write	c. LENGTH OF STAY IN 16	Mary]		Washington					
	RURAL and give no	sorest fawn)			outside corporate limits, write f	(UKAL and 8 ve hearest town)					
	Hager	STOWN [AL (If not in hospital, give street	5 days	1	Hagerstown						
	OR INSTITUTION			d. STREET ADDRESS	W. askl. Observed	e. IS RESIDENCE ON A FARM?					
		ngto n County H	ospital	30	North Street	YES NO					
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mor						
	(Type or print)	GEORGE	JOHN	CALLAS	DEATH NOVEMbe	r 6 1957					
	5 SEX	6 COLOR OR RACE 7. MAR	RIED ANEVER MARRIED	B DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS					
	male	White wow	1-1	January 15,	1886 71 75.	Months Days Hours Min.					
	10a. USUAL OCCUPATIO	ON (Give kind of work dane 10b king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 13. BIRTHPLACE (Slot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY					
1	Bartende			Greece		U.S.A.					
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
	John C	alles		Mai	ria Papapanos						
			SOCIAL SECURITY NO. 17 1	NFORMANT	Add	ress					
1	(Yes, no, or unknown) NO	[If yet, give wer or dates of service]	М	ichael G. Cal	Llas Hagerst	own, Md.					
	18. CAUSE OF DEA	ATH [Enter only one couse per i	ne far (a), (b), and (c).			INTERVAL BETWEEN					
	PART I. DEA	TH WAS CAUSED BY:	Umor of	Medizsti	num = + + A. 1	ONSET AND DEATH					
	53/8	DUE TO	0 1110	1166 6971	HALLY - CALAT						
	Conditions, if a	nu which \				4 1/2 mo					
	gove rise to i	mmediate									
	couse (a), stoting the <u>under-</u> lying couse lost.										
		FR SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	AINIAL DISCASS CONDITIONS ON	/EN IN PART 1(a) 19. WAS AUTOPSY					
,	[E]	TER SIGNATURENTY COMPUTERTY	CONTRIBUTION TO DEATH BOT	NOT RECEIVED TO THE TERM	MINAL DISEASE CONDITION GIV	PERFORMED?					
	D ACCIDENT WA	CUMPERIANCE I 20h Dec	Chine Horse brings occurate	D 10 1 1 1 1	Daniel and American Street	YES NO []					
	1 .	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in	Port I or For II of Ifem Is.)						
	20c. TIME OF INJUR			ACE OF INJURY (Home, for clory, street, office bldg., et	m, 20f. (City or town)	(County) (State)					
	Hour o.m,	19 White of wo	1401 MUNA	ciory, sireer, diffice blog., er							
	21 Leastifue th	at I attended the deceas	and from told	1957, to 1	YOU- 6, 1057	Labora Edouar of the disc					
	alive an 11 t	, with the second secon				,that I last saw the deceased					
	dive dil	h 1	2, aga mar degin	occurred or 35-11	ADDRESS (Street, city or town,	and an the date stated above					
	ACTUAL /-	1) 10./1	11/1-	2 21.,	N. A. L.	The state states					
,	SIGNATURE	Van V	NI III	M.D	11- 30 10 M	a C 3T 11/15					
,	PHYSICIAN'S L	1010 A	HOFFma	~	eseriton	n, md					
	220. BURIAL, CREMAT O	N, 225 DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C ly, town,	or county) (Stote)					
	Burial (Specify)	11/8/1957	Rose Hill C	emetery	Hagerstown,	Md.					
	23 FUNERAL DIRECTOR	s signature er Funeral Home	ADDRES\$		D BY REGISTRAR 246, REGI	STRAR'S SIGNATURE					
	R, rouleli		Hagerstown,	Md. johlo	28.1957 6ha	1sHBowers					

BOKEYO A

VIZOZA

e. IS RESIDENCE ON A FARM?

YES | NO TO

Rea, Dist. No

Lost	4. DATE		Month		Doy	Yeor
PER	DEATH	Noven	ber	7 1	957	19
OF BIRTH		9. AGE (In last birth	yeors IF			IDER 24 HRS
7 1899		58	yrs.	NORTH L	Days Hou	Min.
BIRTHPLACE (Slote of	or foreign c	ountry) V	8.	12. CITIZ	EN OF WH	AT COUNTRY?
Inchest		red.	Co		USA	
THER'S MAIDEN N	AME					
Bernice	Mar	ker				
NY .			Address			
Wrtle C	arpe	r 101	Be	llvi	eu Ar	re
Hagers	town	L.d.			INTERVAL	
lye					1 da	uy .
1						/
· · · · · · · · · · · · · · · · · · ·						
TED TO THE TENNIS	IN DICEAS	E COLIDITIO	AL CHIEN	10.4.004.07	11. 20 144	CAUTORCY
ATED TO THE TERMIN	NAL DISEAS	E CONDING	IN GIVEN	I IN PAKI	PER	S AUTOPSY FORMED?
nature of injury in P	ort Lot Por	t II of item 1	B 1		YES	T NO M
and of injury in t	011101101		-,			
JURY (Home, farm,	20f. (Cih	finwol 10 v		(Co	unty)	(State)
et, office bldg., etc.)		•		(0.		11
957. ta 1	n, 7		57	1 4 1 1		
						e deceased
eo <u>all 7777</u>	_JM, TFOI LOWRESS (S	n rne cau Ireal, city or	town, sto	s an the	date sto	ated abave.
30 NP	tim		10411, 210	,,,	ç	m 57
	0		1/1	1		1111-1-1-
tagers	trin	1	1810	1.		
ORY 1	22d LOCA	TION (City, 1	own, or	county)	(S)	lote)
ATT		hest		Fre	,	See An
240 REC'D				AR'S SIGN	MATURE	,
Thor.	12/9	576	has	4/1	Joees	esal

0 VS A1S (4) 1SM III/S5

0

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

Andrew K.

/g /

Coffman Hagerstown

Hebron Came

ADDRESS

BUREAU V. K.

:0A I2 1825

DECENDED

VS A1S (4) 15M 9/SS 12377

	Dr.E.W.I	Ditto III	12:	391 CE	RTIFIC	ATI	E OF D	EATH	1			Reg. D	ist. No.	30)2
1.	PLACE OF DEATH	Tashing to	n		MARYLAND	2.	USUAL RESID	Mary.	_		nstitutio		nce befor		
Г	RURAL and give ne		ls, write	c. LENGTH OF			c. CITY OR T				write RL	JRAL and	give nea	rest taw	nj
_	Hager				ays	10	3		erst	own					
	_QR INSTITUTION	AL (If not in hospital, g					d. STREET A 728 VI		mash:	ingto	n S	t.		ON /	SIDENCE A FARM? NO T
3.	NAME OF	Fir	şl	A	Aiddle		Lasi	1	4. DATE		Mont	h	Do		Yeor
L	DECEASED (Type or print)	LUTHER	-	AUER	000		RMAN		OF DEATH	No		ber	4		19 57
5.	SEX		7. MARR	IED 🔲 NEVER A	AARRIED 🔲	8. D	ATE OF BIRTH	Н		9. AGE (In	years	IF UNDER			ER 24 HRS
	Male	Whi te	WIDOWE	VIQ X O	ORCED 🗌	J:	an. 1	, 18	78	79	yrs.	MONTHS	Days	Hours	Min,
100	during most of work	ess or indu	STRY	1			country)	0 -	12. CI	USA		T COUNTRY?			
13	FATHER'S NAME	-		110 011	O CL	11/	MOTHER'S					-3	0.02		
"		t 0.					_			Mary	Lan	ia.			
<u>_</u>		tin L. Co						rgar	et n	auer					
12	WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)	4-28-5			nest	ין זיד	ordo:	rm.n-	Addre		N47 -	100	D1 ***
H							11690	17.0	OF CC.	A district	** O				
		TH [Enter only one co TH WAS CAUSED 8Y	use per lin	e for (a), (b), an	d (c) }			./	/		19		ONS	RVAL BI Et anc	ETWEEN DEATH
	1 00	IMMEDIATE CAUSE (0		acino	wa.	S	pr	esta.	Ye_	WI	4			1-	1.0
		DUE TO		1		1	0,							(%)	k -
	Canditions, if on			Tue Ya	stance	20	10	Lelv	ú	and				100	1
	gove rise to in couse (a), stating t			010	. ,	r	, 0	,	C*.	- 1	_	0			
	lying couse lost		1 100	bable	mex	usk	ani	Y 0-) tu	oral	Con	de			
Z	PART II OTH	ER SIGNIFICANT CON	DIMONS	ONTRIBUTING T	O DEATH BU	TNOT	RELATED TO	THE TERMI	NAL DISEAS	SE CONDITIO	N GIVE	N IN PAI	T 1(a) 15		
15	930	Euchul a	istin	would	أساده										NO T
CERTIFICATION	200 ACCIDENT WAS	I I CAUSE OF DEATH I	20b. DESC	RISE HOW INJU	JRY OCCURR	D. (Er	nter nature at	finjury in P	ort I or Po	rt II of item 1	8.)				
			1												
MEDICAL	20c TIME OF INJURY	Month, Doy, Yes	or 20d. IN While	IJURY OCCURRE	D 20e. Pl	ACE (ictory,	OF INJURY () street, office	Home, form, bldg., etc.	. i 20f. (Cif.	y or town)		(County)		(State)
¥.	p. m.	19	of work		3 /										
	21. I certify the	at I attended the	decease	d from	oct	25	, 19.5-2	, to 2	100.	4, 1	952	that I	last sa	w the	deceased
	alive on 2	ov 4	. 19. 5	5.2 and	that deatl			40							
		7. /) /		1/					Street, city ar			110 001	D	ATE SIGNED
	ACTUAL	Pura I	(w.	1/1/	17/1	44.0	217			naton		rou	-	11	10/00
	SIGNATURE	- will				-M.D.		.EtaJE:	a pala	التكايكوية		TAN.	Z	44	=
	PHYSICIAN'S NAME (Type)	I W brev	itto		D		Hace	rsto	wn	Jaryl	and				
220	BURIAL CREMATION		F	22c NAME OF	CEMETERY C	R CRI				TION (City,				(Stat	te)
B	REMOVAL (Specify)	11-7-8	57	Dunka	rd Ce	ne	terv			dford		7.6	sh.(Ma
	FUNERAL DIRECTOR'S			ADDRESS			7	24a. REC'E				TRAR'S SI			2111
A	ndrew K.	Coffman-	Hage	ratour	har	117	and	pld M	819	570	Tin	16	43	-	LOSO
	A PARTY OF A PARTY		نهلاث		A PARTY A	-	ma1177		400			4 07 40	D		

LUREAU V. E.

10% IS 1021

BECEINED

12378

19900 CERTIFICATE OF DEATH

			160	JA CLAI	IIICA	12 01	DEATI			Reg. Di	st. No.	30	2
	PLACE OF DEATH	ashington	· · · · · · · · · · · · · · · · · · ·	MAR	YLAND	2 USUAL o. STAT	RESIDENCE (WI		d lived. If institution b COUNTY		hing		ision)
	b. CITY OR TOWN (If outside corporate limi	ts, write	c LENGTH OF STAY	' IN 16	e. CITY			prote limits, write RI			/	m)
	RURAL ond give n Hagerst	,		2 treat	re	14	Hager						
		TAL (If not in hospital, g	ive street	oddress)		2	et Address Concord	Ave.				ON.	SIDENCE A FARM?
3	NAME OF	Fire Fire	-1	Middle		02)	Lost	4. DATE	**	ed.			
	DECEASED (Type or print)	Joanna	ai	Agnes		Chri		OF DEATH	Novembe:		10		Yeor 19 5'
5. 5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🗍 B	DATE OF	BIRTH		9. AGE (in years	IF UNDER	1 YEAR		
	Female	White	WIDOWI	DIVORCE	D 🗌 🛚	May 2	5, 1876		81 yrs.	Months	Pavs	Hours	Min.
	. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	one 10b.	KIND OF BUSINESS O	OR INDUST	RY 11 BIR	THPLACE (Stote	or foreign c					T COUNT
-	House	Wife					rtinsbu	- 63	<u>Virginia</u>	a U.	S.A.		
13.	FATHER'S NAME					14. MOTH	ER'S MAIDEN I	NAME					
		hael Goheen					Elle	n Sull	ival				
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES7 16	SOCIAL SECURITY NO), 17, INF	ORMANT			Addr	ess			
_	no		1	none	Mı	rs. A	D. Ke	ller	Hagerston	m, M	d.		
	PART I. DEA		7	Patenia,	- 0	Yi.	lou.	+ acc	liseus lusevii	<u></u>			ETWEEN DEATH
	gove rise to a couse (o), stating lying couse last.	the under-)										
CATION	PART II OTI	HER SIGNIFICANT CON	DITIONS O	YOV / FEL		or relate			E CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY ORMED?
CERTIFI	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206 DES	CRIBE HOW INJURY C	CCURRED.	(Enter note	re of injury in	Port I or Par	t II of item 1B }				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yes	While of worl	Not while of work	20e. PLAC focto	E OF INJU	RY (Home, form office bldg., etc	20f. (City	or lown)	(1	County)		{Stote
	21. I certify th	at I attended the	decease	ed fram	12 5	, 19.	2. 10 2	700-	8 1957	that I	last sa	w the	deceas
	alive on	nav. 16	, 12_5	and that	death o	ccurred	al_6-79	M, from	n the causes a treet, city or town,	nd an t	he dat	e stat	ed aba
	ACTUAL SIGNATURE	du and	W	x 18/00	//M.	o2			ngton S	·	t		lusa
	PHYSICIAN'S NAME (Type)	uard W D	itto		D	.21.	7. W. J.	a ch	St		Q Total	n	ı.d.
220	BURIAL, CREMAT C	N, 226. DATE THEREO	F	22c. NAME OF CEM	ETERY OR	CREMATOR	Y		TION (City, town, o			(Sto	
	Rurial	11/12/1	957	St. Josep	oh's C	eme te	ery	Mar	tinsburg,	W. 1	Virg	inia	a
23	Suter-Rou	s signature per Funeral	Home	ADDRESS Hagersto	own. I	1d -	240, REC'	D BY REGIST		TRAR'S SIG		E	A .A /

filled in by the funeral director, es 1 and 2 should be filed with TE BOSTITAL OR ATTENDING THYSICIAN: The law requires that the death certificate be executed within 28 hours after doors after doors after doors may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete a 3 should be detached for use as the burial-transit permit. Then please remove carbon papers registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/S5

R. Franklin

M

TA DAMANE

LEGE ST NON .

M

90

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ATH

8 1237!)
Reg. Dist. No. 30%

		1				MARIE ALTER	10.				
1. PLACE OF DEATH o. COUNTY			2 USUAL RESID	DENCE (Where deci	eased lived. If instituti		selore admissio	on)			
Washing	ton	MARYLAND	Maryland Washington								
b. CITY OR TOWN (RURAL and give n	(If outside carporate limits, wri nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR 1	OWN (If outside c	arporate limits, write l	URAL and give	nearest town)				
Hagers	town	70 years	i i	agerstow	n						
	TAL (If not in hospital, give str		d. STREET A				4. IS RESID	FARM?			
Garlock	Convalescent	Home	27 1	Locust	St		YES 🗌	NO 🗌			
3. NAME OF	First	Middle	Los		TE Mor	nth .	Day Ye	egr .			
(Type or print)	ROGER	ELLSWORTH	DAV	S DE	ATH NO			957			
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	8 DATE OF BIRTH	1	9. AGE (In years lost birthday)		EAR IF UNDER				
WM Male	White WID	OWED DIVORCED	Aug	16 1887	70 yrs.	Months Day	ys Hours	Min			
10a. USUAL OCCUPATI	ON (Give kind of work done in this place)	106, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stole or forei	gn country)	12. CITIZEN	N OF WHAT C	COUNTRY			
Sole stit		Shoe Mfg. Co.	1	arvland		11	S.A.				
13. FATHER'S NAME				MAIDEN NAME	-						
J Wil	liam Davis		Ali	ce Cruz	on						
15 WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17	NFORMANT			ress					
No	(it has find may at dates of restrict)	214 09-306A 1	rs. Rich	ard J Ha	milton H	agersto	wn Md				
18. CAUSE OF DE	ATH [Enter only one couse po	er line far (o), (b), and (c)					NTERVAL BET				
PART I. DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	(n v 1 /2 /2	mo Lusis				ONSET AND D				
174.7	DUE TO		7/3								
Conditions, if	ony, which) (b)										
gove rise to	immediate (
Couse (o), stoting lying couse lost.	ine under										
Z PART II OT		NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DIS	SEASE CONDITION GI	VEN IN PART 1(c	1 19. WAS AT	UTOPSY			
ST.	Malmus	1214:2					PERFOR	MED?			
PART 11 OT	AS UNDERLYING 13 206 G 13 CAUSE OF DEATH F MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter noture of	Finjury in Part 1 or	Part () of item 18.)						
		d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm, 20f.	(City or town)	(Cour	ntvl	(Stote)			
ZOc. TIME OF INJU	19 W	hite Not while for	ctary, street, affice		,	,	***				
₹ p. m.	17 01	work of work			4.4						
21. I certify t	hat_l attended the deci	eased fram. 1 275	, 19.	, ta	<u> </u>	Z,that I lost	saw the d	le ce a sec			
alive on/	9 10- 1	2_5_7_, and that death	occurred at	5/2/ M. 1	from the causes o	and an the	date stated	d abave			
	13/1				is (Street, city ar tawn,			TE SIGNED			
ACTUAL SIGNATURE	(den)	Houdlink	M.D. ,	1/1-	w. k	26	11/	/22			
PHYSICIAN'S NAME (Type)	2-/1029	Huachle	2/2	1	C 7221	£	my				
220. BURIAL CREMAT	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. (C	OCATION (City town,	or county)	(Stote)				
REMOVAL (Specify Burial	11/23/57	Rose Hill Cen	neterv		agerstown		Md	1			
23. FUNERAL DIRECTO		ADDRESS				STRAR'S SIGNA					
Suter-Rou	zer uneral Ho	me Hagerstown	Md.	100,26	1957 Bha	41160	rever				
2//-/	C					7					

ENUEVA A

NECELVED STATES

death.

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECENAED

1	Z	3	8	7
			a	

Dr.P.J.Hirshman 12385CERTIFICATE OF DEATH

	-4-		U	\cup	
Dian e	-1-	3	0	2	

	TIOMMONII Y	3 2 9	Kag. Di	17. 140.
1. PLACE OF DEATH o COUNTY	To a had an and a se	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residen o STATE https://doi.org/10.000/10.0001/10.00	
	ashington outside corporate limits, write	c. LENGTH OF STAY IN 16	Marytand at	shington
RUBAL and give near	rest lown)	_	c CITY OR TOWN (If outside corporate limits, write RURAL and g	give nearest fown)
nagersi		1 week	03 Hagerstown	
OF INSTITUTION	l (If not in hospital, give street son County Ho	oddress)	d. STREET ADDRESS	IS RESIDENCE
	on county in	osbirar	38 Glenside Ave.	YES NO 1
DECEASED (Type or print)	CARRIE 1	Middle ELIZABETH	DIFFENDALL 4. DATE Month November	25, 1957
Female	o color or race 7. MARE		B. DATE OF BIRTH P. AGE (in years lif UNDER lost birthday) 79 yrs. Months	1 YEAR IF UNDER 24 HRS Days Hours Min
00 USUAL OCCUPATION	(Give kind of work done 10b.	KIND OF BUSINESS OR INDU	· · · · · · · · · · · · · · · · · · ·	IZEN OF WHAT COUNTRY?
Housewi	g life, even if retired)	Own Home	77	JSA
3. FATHER'S NAME			14 MOTHER'S MAIDEN NAME	
Peter	Frebert		Betty Tully	
WAS DECEASED EVER	IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO 17.	INFORMANT Address	
Yes no or unknown) (If	yes, give wor or dates of service)		atrick H. Diffendall	
	H [Enter only one cause per li	ne for (0) (0) and (c)	No	INTERVAL BETWEEN
PAKI I, DEATH	HWAS CAUSED BY: MMEDIATE CAUSE (6)	Cremi	- Commos	odays.
	DUE TO	1 to 1 A	- HIVO HEARDON	
Conditions, if ony		Myscalin	e Trypspersue it of overest	10 gm.
gove rise to im-				
lying couse lost.	(c)			
PART II. OTHE 200 ACCIDENT WAS OR CONTRIBUTING I	R SIGNIFICANT CONDITIONS S	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
200 ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Port 1 or Part II of item 18.)	
Hour o.m.	While	Not whiles fo	ACE OF INJURY (Home, form, 20f. (City or town) (City, street, office bldg., etc.)	County) (State)
	or wer	k ol work	4 6 11 12 57	
11.	t lattended the deceas	1 m	2 1 1	ast saw the deceased
alive an	H - (Ay	, and that deatl	h occurred at III M, fram the causes and an th	
ACTUAL X	hall Wisde	won	ADDRESS (Street City organic, stote)	DATE SIGNED
SIGNATURE	XW Sec	aces	M.D./ 37 00, 000 007 100 000 000 000 000 000 000 000	1/26/
PHYSICIAN'S Phi.	lip J. Hirshma	n,D. 159 W.	Washington St., Hagerstown, Mary	land
20. BURIAL, CREMATION	, 226. DATE THEREOF	22c NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City town, or county)	(Stote)
REMOVAL (Specify) Burial	11-29-57	Winters Lu	theran Cem. New Windsor-Cal	
3. FUNERAL DIRECTOR'S		ADDRESS	24g REC'D BY REGISTRAR 24b REGOTRAR'S SIG	
Andrew K.	Coffman-Hag	anadama lan	vland 2008.29.1957 Sohast	130-12011

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the funeral director 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. VS A15 (4) 15M 9/5S

tely filled in by the funeral directar, es 1 and 2 shauld be filed with

146



2 compli FUNE Pe 3 VS A15 (4)

with director.

filed 1

death

EUREAU V. 8.

The second

(Stole)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

10.1 / 1 No.

MECEINED

1	8	Holes The	ells, he D. D. M.	CERTIFICA	ATE OF DEATH	i-Ballimoke, i		12389
宣传	1	PLACE OF DEATH	-57 12	35/			Reg. Dist. No.	302
8 3]"	a COUNTY		MARYLAND	a. STATE	era deceased lived. If institution b. COUNTY		odmission)
E 5	-	Washing b. CITY OR TOWN (IF a	outside corporate limits, write	c. LENGTH OF STAY IN 16	Laryland	Washingto utside corporate limits, write R	N URAL ond give negre	est fown)
5 2		RURAL and give near Hagerstown	·	L vears	Hager			
shou		d. NAME OF HOSPITAL	L (If nat in hospital, give street		d. STREET ADDRESS	Stowii	e.	IS RESIDENCE ON A FARM?
d 2 3 3	L		h Potomac Stre		239 North Po	otomac Street		YES NO
1 on	3.	NAME OF DECEASED	First	Middle	Lost	4. DATE Mon	th Day	Year
E S		(Type ar print)	Kate	М.	Dyche	DEATH NOV		19 57
y al		1	6. COLOR OR RACE 7 MAR		8. DATE OF BIRTH	9. AGE (In years last birthday)	Menths Days	Haurs Min.
yers.		emale	White WIDOW	KIND OF BUSINESS OR INDU	March 5, 187	0 87715	8 19	
a de la		during most or working	g lire, even it relited)	KIND OF BUSINESS OK HADO				WHAT COUNTRY
5 b	13.	Housewo	rk		14 MOTHER'S MAIDEN N	Co. W. Va.	U.S.A	•
3 6		To	hn Ream		Fannie			
יטסני	15.		IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. I	NFORMANT	LanutsAddr	ess	
, 72 te	1"	I, No. or uninown)	yes, give war or dates of service)	NONEM	ne Cathonina	Dyche, Hagers	town. Nd.	
thin thin			f (Enler only ane cause per l	ine for (a), (b), and (ch)		onthe, naver	INTER	VAL BETWEEN
0 E			WAS CAUSED BY.	lewschent.	E Menilo	Lessare		AND DEATH
The		420.0	DUE TO				0	
any .	П	Conditions, if any gave rise to imp						
2.5		couse (a), stating the						
da da	z	lying cause last.	P SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	ALOY BELATED TO THE TERMIN	LIA DIFFACE COMPINAL ON		14114 4118 Bass
od-tra	CATION	PART III OTTICE	0	ting anen	,	NAL DISEASE CONDITION GIV		PERFORMED?
e de	T I	200. ACCIDENT WAS		CRIBE HOW INJURY OCCURRE	-	ort I or Port II of item 1B.)		res NO
ō	CERT	OR CONTRIBUTING [CAUSE OF DEATH EDICAL EXAMINER			·		
9 6	MEDICAL	20c. TIME OF INJURY			ACE OF INJURY (Hame, form,	20f. (City ar town)	(County)	(State)
6 B	ME	Hour a.m p.m	19 While at wa	rk al wark	ctary, street, affice bldg , etc)			
D = 3		21. I certify that	I attended the deceas	sed from $\frac{7}{23}/5$	6_, 19, to		that Llast saw	the decease
oche Surio		alive an $4/2$	3/57	, and that death	occurred at 10 A	2M, fram the causes a	nd an the date	stated abave
der to t		ACTUAL	r 8	7 AD Asilel	A	ADDRESS (Street, city or town,	state)	DATE SIGNE
orior		SIGNATURE	Houvel	h. weers we	м.в. <u>136 Nort</u>	h Potomac S	treet-"l	1/25/5
ror p		PHYSICIAN'S HON	rard N. Veol	ts, H.D.	Hagersto	wn, Harylan	3	
60 sl	220	BURIAL, CREMATION,	22b DATE THEREOF	22c. NAME OF CEMETERY O		22d LOCATION (City, town, o		(State)
		REMOVAL (Specify)	17-26-1057	Greenway Cen		Berkeley Spri		
	25.	FUNERAL DIRECTOR'S		APIDRESS			TRAR'S SIGNATURE	
[4] SS	1/	inull.	Lynter D	excledition.	()// \$50.	27.195/671	141730	word
				17	//			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECEINED

E LYNNII V. S.

MEDIA SIL

age 4		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	s 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers (es 1 and 2 shauld be filed with	y.
E.		of dir	e filed	1
000		funer	ᅙ	
offer		be .	\$ shall	
POULS		in by	puo	
77 0		Hed	 11	
WITH THE		10 1%		
oted		mple	pers	_
exec		og pu	od uc	A-LA
e pe		an a	Orb O	É
tifical		hysic	nove	1
h cer		ing p	se rei	122
deot		rtlend	pled	188
i he		the o	Then	9 6 6 7
55 Tho		d by	Œ.	
dotre	ė	signe	t per	
QW T	SICIO	peen	transi	1
The	g ph)	has	urial	1
 Z	ndin	icate	he b	-
1210	r offe	certif	e 03	A PARTY OF
H. o	italo	. Ihis	Q .0	1
Ž	hasp	Afre	hed f	1
VITEN	y the	TOR	detac	A
2 20	aed to	IREC	d be	-
IAL	relai	ME	should	Anna a
025	y be	SNE	m	The state of the s
0	DE	10.		
٧	51	A15	55)

1	outer ref	MARY	AND.	STATE DEPART	IMEN	IT OF HEALTH	-BAL	TIMORE, 1	8	4	
\mathbb{Z}	1-12-57 Les	06 Jun 1	1 4 3 M E	CERTIFI	CAT	E OF DEATH			Rea. Dist	1238	73
1	PLACE OF DEATH	cos, M,D, I	11/6		11.2	USUAL RESIDENCE (When		A fined of temporal			
'`	a COUNTY	HOTE. TH		MARYLAN	- 43	o. STATE ALLYL		b. COUNTY			unj
H	b. CITY OR TOWN (IF o	utside carporate limi	ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If au		rale limits, write R	URAL and gi	ve neorest fawn]	
	RURAL and give near	PRI RT	I	LIFE	y	CLEAR SPE				·	
_	d NAME OF HOSPITAL		ive street	address)		d STREET ADDRESS				e. IS RESI	DENCE
	141.71	ROAD				F'AIRVIL.	hJ!	li l		YES 🗋	
3	NAME OF DECEASED (Type or print)	JOSEF		Middle R.J3T(),	FI AY SR.	4. DATE OF DEATH	Mor I			57
5	SEX C	. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. 0	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER I		R 24 HRS
	THE	HI &	WIDOW	DIVORCED	JAL	G. 29, IS74	+	193 ALT	Months [Days Haurs	Min.
10	g. USUAL OCCUPATION during most of working	(Give kind of work	dane 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (State of	r foreign c	ountry)	12. CITIZ	EN OF WHAT	COUNTRY
	FINITER	y me, even it relifed	(MINI FARM		MARYLANI)		U	.S.A.	
13	FATHER'S NAME				1	4. MOTHER'S MAIDEN NA					
	SA. UEL F	IR H				A. L.I.J 3PI	CGLEF	7			
	WAS DECEASED EVER I	N U S. ARMED FOR		SOCIAL SECURITY NO	17. INFO			Add			
{¥	th (nwawdun or na	yes, give war or dates of s	LAKE)	6-10-4266	A.	·3. L A	FIR.	SY OL	BAR 3	PRI G,	D.
-	18. CAUSE OF DEATH	Enter anly one ca	use per lis	ne far (a), (b), and (ε).]						INTERVAL BET	WEEN
	PART I. DEATH	WAS CAUSED BY:		UVBEDTENELU	- 45					ONSET AND	
	MMEDIATE CAUSE (c) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE S YEARS 420.0 DUE TO										
	Conditions If any which \										
	Gave rise to immediate										
	cause (a), stating the under-										
Z											
ATIC	NONE PERFORMED?										
CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING []	20b. DESI		URRED (I	inter nature of injury in Pa	art I ar Par	I II of ilem 18.)		1	127
CERI	20g. ACCIDENT WAS OR CONTRIBUTING C (IF EITHER, NOTIFY M	CAUSE OF DEATH						,			
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	or 20d It	NJURY OCCURRED 200		OF INJURY (Hame, form,	20f (City	ar tawn)	(Co	unly)	(State)
AEDI	Haur a.m.	19	While at worl	Not while	factory	, street, affice bldg., etc)			,	•	
2		1 -44 - 4 - 4 - 4			11	10 57 to A	1	. 10	- 45 - 4 5 1		¥
	DEAD NOV	I lattended the				, 19_ <u>57</u> , to					
	KOLINE OU HOL	7	19_5	ond that de	eath oc	curred ot 12-304		n the couses o treet, city or town,			d abov TE SIGNE
	ACTUAL CR	in her In	but	(1)							ic signi
	SIGNATURE	- July 1	0001		M D	CLEAR	SPRI	ING, MARY	LAND		2-57
	PHYSICIAN'S A	RCHIE ROB	ERT C	OHEN, M.D		****					
22	BURIAL CREMATION,	226. DATE THEREC	F	27c. NAME OF CEMETER	RY OR C	REMATORY	22d. LOCA	TION (C ly, town,	ar caunty)	(State)
Y	REMOVAL (Specify)	II/I3/	57	MT. TAB	CR (TEL ETHRY		ASHINGT		· Wl).	
23	FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS	**************************************	24a. 95C'D	BY REGIST	RAR 24b, REGI	STRAR'S SIGN	NATURE	120
	O-641 3.	Clark	(CLEAR SPRI	NG,	DATE ///	1/15-1	17 00	1. lin	0. 1/1	11/1
	1							1 7/1	- July	1-1-1-1-1	
	0							1	/		

BUREAU V. S.

2561 51 AON

PECEDAE!

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12434 CERTIFICATE OF DEATH

Reg. Dist. No.

-						
	D. COUNTY	inaton	MARYLAND	2 USUAL RESIDENCE (Where der	eased I ved. If institution Residence	before admission)
ŀ	b CITY OR TOWN (1	f outside corporate limits, write	c LENGTH OF STAY IN 16		corporate limits, write RURAL and g	ive near Ri town)
	RURAL and give ne		Vyn 3mol.	x Williams	port	
ľ		AL (If not in hospital, give stre		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	William	sport Sa-	nitarium	23 West Sal	isbury St.	YES NO
	NAME OF DECEASED	First	Middle	Lost 4. DA		Day Year
	(Type or print)	HNNA	NORN	(, , , , , , , ,	77	27 1957
	Formalo.	1 . 1 4 4.	WED DIVORCED	B DATE OF BIRTH NOV 5. 1865	A CALL TO A CALL THE CONTRACTOR OF THE CALL THE	1 YEAR IF UNDER 24 HRS.
42	TOO USUAL OCCUPATION	N (Give kind of work done 10		STRY 11. BIRTHPLACE (State or form		ZEN OF WHAT COUNTRY?
/	Housew	ing life, even if retired)	Home	C1 1 1 L		ISA .
Ī	3 FATHER'S NAME		**OHC	14 MOTHER'S MAIDEN NAME	, W. 171	······
-	Jose ph	Fleming	7	Catherine	HOWN	
	S WAS DECEASED EVER	R IN U. S. ARMED FORCES	6 SOCIAL SECURITY NO. 17	NFORMANT	23 W. AddS 11s	bury St.
	No	No	None rij	ss Hary Flemin	Walliamsnor	+ My
	18 CAUSE OF DEA	TH [Enter only one couse per	line for (a) (b), and (c)]	- 01	•	INTERVAL BETWEEN ONSEL AL IN DEATH
1		TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Drumon	ra, Un	sund	5000
V.	492 X	DUE TO		′ '/		
	Conditions, if or					
,	couse (a), stoling (
4	lying couse lost	(c)				
	PART II. OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	PERFORMED?
	200 ACCIDENT WA	S UNDERLYING [] 206 D	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I a	r Part II of item 18)	I II NO []
- 1		MEDICAL EXAMINER)				
	20c TIME OF INJURY Hour o. m.	Y Month, Day, Year 20d Whi		ACE OF INJURY (Home, form, 20f. ctory, street, office bldg., etc.)	(City or town) (Ci	ounty) (State)
	p. m.		ork of work			
1	21. I certify th	at I attended the dece		19-53 to WOD		ast saw the deceased
ı	alive an	TU 1/6 19	and that death	accurred at 130 P. M.	fram the causes and on th	e date stated above.
1	ACTUAL	Con the Salar	_ /	ADDRES	SS (Street city or town, state)	DATE SIGNED
1	SIGNATURE	Jane 8	aar	MO ZEWY JOY	mue	24 NOD
1	PHYSICIAN'S NAME (Type)	PAUL HA	AIC	William	sport hel	·
1	220 BURIAL, CREMATIO	N, 226. DATE THEREOF	22c NAME OF CEMETERY C		OCAHON (City, town, or county)	(State)
	Burial	Nov. 30-	57 Riverview	emetery W	THE COMPTON OF THE	
12	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	240 REC'D BY RE	GISTRAR 246 REGISTRAR 5 SIG	NATURE CO
	dever	x > defe -	c. cui maju	deld DATELON, 2	10/4) 1 . T.	11 3-140y

TO CHE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(iled

funeral Jid be

shavid

a

ä

þ

VS A15 (4)

deoth.

BOUTINA'S
2961 S
2961 S
2961 S
2962 S

VII A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

8 123111 Reg. Dist. No. 302

o. COUNTY. Washington	MARYLAND	o. STATE arylan	ere deceased lived. If institution b. COUNTY		hington				
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (IF ou	itside corporate limits, write R	URAL ond gin	ve riearest tawn)				
nagers town (45 ye	ears	Hager	st own						
d. NAME OF HOSPITAL (If not in hospital, give street address) 930 Jak Hill Ave.		d. STREET ADDRESS	Oak Hill A	ve.	e. IS RESIDENCE ON A FARM? YES NO X				
3. NAME OF First (Type or print) Harry Jacob	Middle b H	amilton	4. DATE Moni		Doy Year 12 19 57				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED B	. DATE OF BIRTH	9 AGE (In years lost birthday)		YEAR IF UNDER 24 HRS				
	IVORCED .		892 65 m	Months D	Poys Hours Min				
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSI during most of working life, even if retired)				12. CITIZ	EN OF WHAT COUNTRY				
Merchant Package	Store		esboro Pa.	U	. S. A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME						
Andrew Hamilton		Annie	Sprecher						
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR	RITY NO. 17. IN	FORMANT	Addr	ess					
218-30-9	9180 Mr	s. Nellie J	. Hamilton	Hager	stown Md.				
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ond (c).]				INTERVAL BETWEEN ONSET AND DEATH				
// //3 / DUE TO	erioscle	rotic coroner	w heart diese	C.A.	Street				
Canditions, if any, which) (6)									
cause (a), stating the under DUE TO	gove rise to immediate DUE TO coronary thrombosis 2yrs								
lying cause last. (c)	-								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TO DEATH BUT N	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART	1(0) 19 WAS AUTOPSY PERFORMED? YES NO				
	JURY OCCURRED.	. (Enter noture of injury in Pa	art 1 or Port II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR! While Not while of work at work at work	e focts	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(Cod	unty) (Slote)				
21. I certify that I attended the deceased fram	Oct.	, 19 52, ta N	ov. 12 , 19 57	.that I la	ist saw the deceaser				
alive an Nov . 1 19 57 , and	d that death	occurred at 11 ±30P	.M, from the causes a	nd an the	date stated above				
		A	DDRESS (Street, city or town,	state)	DATE SIGNED				
ACTUAL S, Tobert Juels	K-G N	o 115 N. Po	tomac St.	Hag.	i.ld.				
PHYSICIAN'S NAME (Type) Dr. Samuel R. Wells	3	Magerstown	, Maryland						
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME C	OF CEMETERY OR	CREMATORY	22d. LOCATION (City, lawn, a	r County)	(Stote)				
REMOVAL (Specify) Burial 11-16-57 Rose	Hill C	emeterv	Hagerstown	"íd.					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				TRAR'S SIGN	IATURE /				
Scott F. Linnich & Son Hag	zerstown	n Md out of	16.1957 bins	BAHL	Beevers/				

EUNEAU V. S.

40A • 1 6 1 402

OBACE SELVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12435 MEDICAL EXAMINER'S CERTIFICATE OF DEATH delay is necessary, please everal director. Page 4 shauld be (in the last) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) D. COUNTY o. STATEMaryland b. COUNTY MARYLAND Washington b. CITY OR TOWN IIt outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life x2 Hancock Hancock. Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADORESS .53 West Main Street 153 West Main Street 3. NAME OF First Middle DECEASED Elwood Heller DEATH November (Type or print) Daniel 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF SIRTH 9. AGE (In years 5. SEX retained f icus birthday) WIDOWED [7] DIVORCED [Male White 2 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) m during most of working life, even if retired) Bank Teller Bank Teller Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours Pages 1, Fannie E. Murray Henry F. Heller KO: 980 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT bencil in Item 18. Give loss with form PM3. Pe Mrs. Bertha Heller War 21.2~1.L=60b3 Yes permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Advanced arteriosclerotic coronary heart IMMEDIATE CAUSE (a) disease (angina) **DUE TO** Conditions, if any, which gove rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART II of 19. WAS AUTOPSY ő none 20g, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 1) of item 18.1 PRIMARY OF CONTRIBUTING CAUSE OF DEATH. none certificate, writing the ward and to the Chief Medical Exam AL DIRECTOR: Page 3 should Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY 20f. (City or fown) factory, street, affice bldg., etc.) Not while g. m. none at work at work 21. I certify that I took charge of the remoins described above, held on Autapsy 📆 death resulted from: Notural couses X. Accident . Suicide . Homicide .

S. Robert Wells, M.D.

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

DATE

IF UNDER TYEAR IF UNDER 24 HRS. Months Days Havn Min. WES. 12. CITIZEN OF WHAT COUNTRY? USA Address Hancock. Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES X NO [(County) (State) Inspection X, Inquiry , and find that Undetermined couse . DATE SIGNED ASSISTANT MEDICAL EXAMINER 11-8-57 DEPUTY MEDICAL EXAMINER A 22d. LOCATION (City, town, or county) (State) 245. REGISTRADE SIGNATUR 24a, REC'D BY REGISTRAR

Rea, Dist. No

Washington

. IS RESIDENCE ON A FARM?

YES NO DE

Year

19 57

VS. A15ME(5) 5M 9/55

varded t

ACTUAL SIGNATUR

EXAMINER'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220 BURIAL CREMATION, 226. DATE THEREOF

EUREAU V. S.

404 19 1957

MEGENAED

V5 A15 (4) 15M 9/55

55

00

MARYLAND S	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
12390	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

12392

Reg. U										DIST. NO.				
3		ACE OF DEATH COUNTY	hington		MAR	YLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY Washington							
	b	CITY OR TOWN (H	outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		RURAL ond give no Hagerst			31 year	re	pa .		rstow					
>	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						d. STREET	ADDRESS						FARM?
			<u>irginia Av</u>	е.			185	3 Virg	inia	Ave.			YES 🔲	NO 🔽
	DE	AME OF CEASED (pe or print)	ROSE	rst	Middl SCHNEE		HICKS	s1	4. DATE OF DEATH	Novem	Month	Đo 2		e 57
	5 SEX	(6. COLOR OR RACE	7. MARI	RIED NEVER MARR	HED 🔲	8. DATE OF BIRT	Н		9. AGE (In ye	ers IF UN	DER I YEAR	IF UNDE	R 24 HRS.
	Ŧ	emale	White	WIDOW	ED DIVORC	ED 🔲	November	12.	1870	lost birthdi 87	yrs O	hs Day	Hours	Min.
i	10a L	JSUAL OCCUPATIO	N (G've kind of work	done 10b.	KIND OF BUSINESS			LACE (Stote o		ountry)	12.	CITIZEN O	F WHAT	COUNTRY?
1	ď	Housewi	ing life, even if retired Le	,			Clear	rsprin	e Dis	trict,	Md.	U.S.A		
_/	13. FA	THER'S NAME					14 MOTHER'S			0.000		0 6 13 4 3 1		
		He	nry Troupe						Ann C	atherir	ne Sch	meble	V	
			IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17 II	NFORMANT				Address		·	
^		10	it yes, give war or darm of t		one	M	rs. Frederick D. Eyster Frederick Md.							
			he under-	A	erebra rterio.	1 7	hrom		100	lert	7120	ONS	ET AND	
^	_													
	0 (11	CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY	OCCURRE). (Enter noture o	of injury in P	orl I or Por	t II of item 18)			
	MEDICAL 02	C. TIME OF INJURY Hour o. m. p. m	í Monih, Doy, Ye	While	NJURY OCCURRED Not while		ACE OF INJURY I			y or town)		(County)		(Stote)
	2	1. I certify the	at I attended the	deceas	ed from	. ,	1955	L, to N	0 V- :	29 19.	5 7.tha	t I last sa	w the	deceased
		4.4	2 K- 25		Sand tha	t death								
1	A: SI	CTUAL CONATURE	loyd a	· /	Joffne		wo		DORESS (S	ireel, city or to		· //,		TE SIGNED
	N	HYSICIAN'S L	loyd A	· //	OFFin	8 h	/	429	erst	TOWY	1	m2:		
	R	URIAL, CREMAT OF EMOVAL (Specify) ULTIAL	12/2/1)F 957	St. Paul			0		TION (City, to		Mary	(Stote	1
,	23 FJJ	NEGAL DIRECTOR'S	signature zer l'unera		ADDRESS			240 REC'E	3.192		EGISTRAR'S	SIGNATUR	E	e

MAISTON & &

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TEEAU V. E.

ZSGI (-).

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Bureau V. S.

IST & AON

1777950

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1243 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. cremotion 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY JASHINGTON WASHINGTON O. STATE MARYLAND MARYLAND b. CITY OR TOWN (Il outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL HAGERSTOWN RT 4 6I YEARS HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? HAGERSTOWN RT 4 HAGERSTOWN RT 4 YES A NO 3. NAME OF Middle DATE Month Year DECEASED IOHN SCOTT TRVIN NOVEMBER (Type or print) DEATH 19 57 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE I'm years IF UNDER TYEAR IF UNDER 24 HRS. lest birthday) retained 2 with r Months Dovs Hours Min. MALE WHITE AUG. 24.1896 WIDOWED F. DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) LABORER FARM MARYLAND U.S.A. may 13. FATHER'S NAME M. MOTHER'S MAIDEN NAME SAMUEL TRVIN Alice Marie Switcher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. PERCY IRVIN HAGERSTOWN RT 4 MD. 217-12-1098 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asian Flu davs IMMEDIATE CAUSE (a) Broncho-pneumonia dave DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(Q) 19, WAS AUTOPSY PERFORMED? NO P 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY TO OF CONTRIBUTING TO None 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Not while o.m. at work at work None p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 30, Inquiry . deoth resulted from: Notural couses K. Accident . Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER UNERAL 11-9-57 EXAMINER'S S. Robert Wells, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 0 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) BLAIRS VALLEY WASHINGTON CO. MD. **ADDRESS** FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A SME(S) SM 9/55

DEPUTY

BUREAU V. A.

DECEIVED 1957

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

I director, filed with

ero

comple

В

VS A1S (4)

BUREAU V. E.

NON 36 1957

12398

													_
1	1. PLACE OF DEATH o. COUNTY Wash:	ington		MARYL	AND	o STATE	ence (whi		lived If Institute b. COUNTY	Fred		odmission)	
ı	b. CITY OR TOWN (F	f autside carporale lim	ils, write	c. LENGTH OF STAY IN	N 16			the Colonial of the	ate limits, write R		_ X_D	est town)	
	RURAL and give ne									,	No.	t	
ı	Rural Boo	Onsboro AL (If not in hospitol, g	tive street	weeks	<u> </u>	d STREET AL	ddlei	cown		1.	^	IC BECIDENICS	
ł	OK INSLITUTION					O SIREE! A	DDWE 22					ON A FARM?	
١		Keedy Mem		т номе								YES NO	K
ı	3. NAME OF DECEASED	Fo	fat	Middle		Lost		4. DATE OF	Mon	th	Day	Yeor	
ı	(Type or print)	Charle		Leslie		epler		DEATH	11		11	1957	
•	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	D 8.	DATE OF BIRTH		-	9. AGE (In years			F UNDER 24 HR	\$
i	male	white	WIDOWE	DIVORCED	0 2	/20/18	74 I		(B) Sirthdoy)	MONINS	Days	Hours Min	
ı	180 USUAL OCCUPATIO	N (Give kind of work ting life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPL	CE (Stote o	or foreign co	untry)	12 CITI	ZEN OF	WHAT COUNT	RY?
1	farm own		'	farm		Mar	vlan	7			7	U.S.	
	13 FATHER'S NAME	7				14 MOTHER'S						2 9 12 9	
	Henry M.	. Kepler				Amai	nda 8	Sanne	r				
	IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17. INI	FORMANT			Adde	ess			_
ı	NO no or unknown)	If yes, give wor or dates of s	erviće)		Mr	s. Ann	ie Ke	epler	, Middl	etow	m, l	Md.	
	18. CAUSE OF DEA	TH [Enter only one co	usa per lir	ne for (a), (b), and (c)								VAL BETWEEN	=
	PART I. DEA	TH WAS CAUSED BY:	· (PA)	rdes- Res	val.	- Vascu	lar!	dis	2019		ONSE	T AND DEATH	
ı	742 X	,	1		1020						7	7/3	
ı	Canditions, if or	au suhish \											
	gave rise to in	nmediate (_		-		
ľ	Couse (o), stating to lying couse lost,	ue nuger-											
) (c		ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERMIN	JAI DISEASE	CONDITION ON	EN IN PADI	T 1(a) 19	WAS AUTOPS	=
>	E	ier sioitti tenti con	0110113_	ONTRIBUTINO TO BENT	111 001 14	OI KEDILDIO	THE LEMMI	AWE DISENSE	COMMITTION GIV	EN IN PARI		PERFORMED?	
	200 ACCIDENT WA	C LINIDEDLYING C	20L DES	COME HOW INTURY OF	CHROCO	(Fatan satura af	-11. 0	1 0	H = 6 2a = 18 1			YES NO	1
	PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OC	CURRED.	(Enter notive of	injury in r	on sor ron	it Griffem ta j				
ı		Y Month, Day, Ye			Oe PLAC	E OF INJURY (H	lome, form,	20f. (City	or town)	(0	County)	(State	e)
1	Hour e.m.	19	While of work	k at work	1000	y, sieei, oilice	biog, etc.)						
ı	21. I certify the	at I attended the	decease	ed from Orus	24/	19.50	10/11	5V 11	10 (7)	that I I	net env	v the decea	
ı	olive on	200 Z	10		dagi	manuscript, and a supplementary for	705		the couses o	ad an it	osi son	the deced	scu
ı	0.000	^		e, ond more	/	occorred or_	1.	DDRESS (Str	reet, city or town,	state)	ie dale	DATE SIGN	VE.
ı	ACTUAL SIGNATURE	0.3	en	in Har	b		mi	. 0 1	1. Hour	7		11-13-5	- 7
1	SIGNATURE		, , ,	~- /	M	D,		-0-0-	as bar			1, 1, 2, 2	
	PHYSICIAN'S NAME (Type)	<u> Dr . J. F</u>	lmer	Harp			Vidd.	letow	n, Md.				
	220. BURIAL, CREMATIO	N. 226. DATE THEREC)F	22c NAME OF CEMET	ERY OR	CREMATORY		22d. LOCAT	ION (City, town, c	or county)		(State)	
	REMOVAL (Specify)	11/14/	1957	Lutheran	Ce	meterv		Midd	letown.		Ма	Max.	
Ì	23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'D	BY REGISTR		TRAR'S SIG		0	_
	Gladhill	Co., Mid	dlet	town. Md			DATE MM	1.14, 19	C7 2	Our 7	TY.	(m)	
18				THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED			1 17				Bi-si		

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely—led in by the funeral director.

3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers.

s I and 2 should be filed with egistrar prior to burial, cremotian, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

M

VS A15 (4) 1SM 9/5S



BUREAU V. S.

After this py of this

CODY

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12399

CERTIFICATE OF DEATH 12392

Reg. Dist. No. 1302

_	1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEA	SED
	COUNTY Washington	MARYLAND	STATE Md	COUNTY W	ashington
	CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corp	orate limits, write RURAL and give	neerest fown)
	OR and give nearest town) TOWN TT	(in this place)	OR TOWN	3	
	Hagerstown Hospital or	2 hours	STREET	Rural	
4	INSTITUTION OR		/ ADDRESS	(If rurel give locel)	on)
2	STREET ADDRESS 215 W. Washington S	st.	Leit	ersburg, Hagers	town R.D.5
ı	3. NAME OF (First) (M	iddle)	(Lest)	4. DATE (Month)	(Day) (Yeer)
i	(Type or Print)	rinia	Kline	DEATH 17/2	3/ 19 57
ı	S. SEX 6. COLOR OR 7. SINGLE, MARRIED	, I S. DATE O		9. AGE lest birthday IF UN	IDER 1 YEAR IF UNDER 24 HRS.
ı	female white SpecifyMarri	RCED,	5/1921	35 yrs. Monti	ns Deys Hours Min.
ı	female White Ser. Marri	OF BUSINESS	11. BIRTHPLACE (Stelle or for		1 10 0000000
П	done during most of working life, even if OR It	DUSTRY			12. CITIZEN OF WHAT COUNTRY?
	refired) House wife		Waynesboro,		U.S.A.
ı	13. FATHER'S NAME -		14. MOTHER'S MAIDEN	NAME	
ı	John E. Stover		Clara M.	Rowe	
ı		SOCIAL SECURITY NO.	17. INFORMANT &		
~	(Yes, no, or unk.) (If Yes, give wer or dates of service)		133 0 16	7.2	D D F M3
Į		18. MEDICAL CE		Line, Hagerstow	I INTERVAL BETWEEN
į	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TOT MEDICAL CE	HIFICATION		ONSET AND DEATH
	// IMMEDIATE CAUSE (A)				
i	ANTECEDENT CAUSE(S) DUE TO	7	67 1	*	
ı	DISEASES OF CONDITIONS IF ANY. (N)	orman	1 Occlu	sum	10 minte
ı	GIVING RISE TO THE ABOVE CAUSE DUE TO	a Dent	- 1 VA	4 11	
ı	(C) (u)	ileis/	cluster	least you	5 ou ku
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING DEATH.				
1	196. DATE OF OPERATION 196. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
	21e. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home.	for forter 1	D1. 1471000 010 101 101 101 0 0 0 01		YES NO
į	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, offi IF EITHER, NOTIFY MEDICAL EXAMINER)	ce bldg., etc.)	21c. WHERE DID INJURY OCCU	JR? (City or fown) (0	County) (State)
ı	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. If While	NOT WHILE	21f. HOW DID INJURY OCCU	JR?	
	M. et worl				
i	22. I hereby certify that I attended the decease	ed from 2 -/-	- 1657 10/1	-23,1927, the	st 1 last save the deceased
	alive on // -// (167 and t	hat death presured a	for the same	causes and on the date s	in a last saw tue deceased
	SIGNATURE	nai usani occurred a	ADD	causes and on the date st PESS (Street, city, town, state)	DATE SIGNED
	1 - 20 DILL 2		Xhan	las mel	1/ 2 22.00
	23. BURIAL, CREMATION. DATE THEREOF	M.D.	CREMATORY	LOCATION (City, town, or co	unity) (State)
3	Burial 11/27/57	Leitersburg		Leitersbur	**
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	rerearangia.			
		resp)	25. FUNERAL DIRECTOR'S	SIGNATURE Hagersto	MINDONETA - D
	XXVV, 40, 173 X0112201,1200		Milles 4/1	Hors Waynes	boro, Pa.

BUREAU V. 2.

DECENAL TOTAL

CERTIFICATE OF DEATH

12400

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, a 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers.

Solution of a should be filed with egistrar priar to burial, cremation, or remayal, and in any event within 72 hours after death.

1. PLACE OF DEATH			GENTINIO.		*****		Reg. Dist. N	lo. 302
a. COUNTY				2. USUAL RESIDENC	E (Where deceased	lived. If institution	n: Residence be	efare admission)
Washin	gton		MARYLAND		sylvania		klin	
	(If outside corporate limits,	, write c LENG?	TH OF STAY IN 16	c. CITY OR TOW	N (If outside carpo	rote limits, write RU		nearest tawn)
Hagersto			0.	Chambe	ersburg.	Pa.	A .	
d. NAME OF HOSP	ITAL (If not in hospital, giv	re street oddress)		d STREET ADDRI				e. IS RESIDENCE
	th Potomac S			424 Elm	Avenue			YES NO
3. NAME OF DECEASED	First		Middle	Lost	4. DATE OF	Manil)	Day Year
(Type or print)	Annie	<u> </u>	В.	Knepper	DEATH	Nev.		15 1957
5 SEX	6. COLOR OR RACE	MARRIED NI		8. DATE OF BIRTH		9. AGE (In years lost birthday)	Mopths Dow	AR IF UNDER 24 HR
Female	1111200	WIDOWED 🔀	DIVORCED	May 1, 187	76	81 yrs.	6 11	1
100 USUAL OCCUPATION during most of wo	ION (Give kind of work do rking life, even if retired)	one 10b KIND OF	BUSINESS OR INDU	USTRY 11. BIRTHPLACE	(State or foreign co	ountry)	12. CITIZEN	OF WHAT COUNT
Housewi	fe			St. The	mas . Fr	anklin Co	. Pa.	U.S.A.
13 FATHER'S NAME				14 MOTHER'S MAI	DEN NAME			
Abram S	hort			Sara	h McCull	ough		
	ER IN U. S. ARMED FORCE		CURITY NO. 17.	INFORMANT		Addre	55	
	In her day and or orange or real		C	harles W. K	nenner	116 Belve	dere Ar	renue
18. CAUSE OF DE	ATH [Enter only one cous	se per line for (o).		AND THE PARTY OF T	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T	Maria Service		TERVAL BETWEEN
	ATH WAS CAUSED BY:	1.00						NSET AND DEATH
1/ 10	IMMEDIATE CAUSE (0)_					/		
4 .0	DUE TO		7	115	to do	1		
Canditians, if a	immediate (6600	und is	elevote	1 4-4 3ª 6 °	- 6-2 .		
cause (o), stating	the under DUE TO							
lying couse lost.				The state of the s				
PART II. OT	THER SIGNIFICANT CONDI	ITIONS CONTRIBUT	TING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPS?
								YES NO
4 Ma Ton Language of the	AS UNDERLYING 2	0b. DESCRIBE HOV	W INJURY OCCURR	ED. (Enter nature of inju	ry in Port I or Port	If of item 18.)		
OR CONTRIBUTING	Y MEDICAL EXAMINER)							
	Y MEDICAL EXAMINER)	20d INTURY OCC	CURRED 200 PI	LACE OF INITIRY (Home	form. 206 (City	or lown)	(f' au a)	u) Ifian
	RY Month, Doy, Year	While Not	whitefo	LACE OF INJURY (Home octory, street, affice bldg	, form, 20f. (City	or lown)	(Count	y) (State
3 20c TIME OF INJU	RY Month, Doy, Year		whitefo	LACE OF INJURY (Home octory, street, affice bldg] . etc.)		(Count	y) (State
20c TIME OF INJU Hour e. m. p. m.	RY Month, Doy, Year	While Not of work of work	white ork	LACE OF INJURY (Home octory, street, office bldg] . etc.]		- 4	y) (State
20c TIME OF INJU Hour e. m. p. m.	RY Month, Day, Year	While Not work □ of work of work □	white to	octory, street, office bldg	1. etc.)	§, 19.5./Z.	,that I last	saw the decea
20c TIME OF INJU Hour a.m. p. m. 21. I certify	RY Month, Day, Year	While Not work □ of work of work □	white to	2-, 19 7, ta	M, from	§, 19.5./Z.	that I last	,
20c TIME OF INJU Hour a.m. p. m. 21. I certify talive on	RY Month, Day, Year	While Not work □ of work of work □	white to	2-, 19 7, ta	M, from	2 19.2_/Z. The causes an	that I last	saw the decea
27. I certify to alive on	RY Month, Day, Year	While of work of work	white to	2-, 19 7, ta	M, from	2 19.2_/Z. The causes an	that I last	saw the decea
20c TIME OF INJU Hour a.m. p. m. 21. I certify talive on	RY Month, Day, Year	While of work of work	white to	2-, 19 7, ta	M, from	2 19.2_/Z. The causes an	that I last	saw the decea
20c TIME OF INJU Hour o. m. p. m. 21. I certify 1: alive on	P MEDICAL EXAMINER) RY Month, Doy, Year 19 hat I attended the c	While of work	white to	h accurred at	M, from ADDRESS (St	2 19.2_/Z. The causes an	that I last ad an the d	saw the decea
20c TIME OF INJU Hour o. m. p. m. 21. I certify It olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify	P MEDICAL EXAMINER) RY Month, Doy, Year 19 hat I attended the control of the cont	While of work	white to the cork on that death	h accurred at	M, from ADDRESS (St	the causes are roet, city or town, start of the causes are roet, city or town, start of the cause are caused as a cause of the cause of	that I last ad an the d	saw the decear
20c TIME OF INJU Hour a. m. p. m. 21. I certify I clive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify Physician) 23. FUNERAL DIRECTOL	P MEDICAL EXAMINER) RY Month, Doy, Year 19 hat I attended the control of the cont	While Not work Not work of wor	and that death	h accurred at	M, from ADDRESS (St.	the causes are rest, city or town, start on (City, town, or Cy, Pa.	that I last ad an the d	saw the decear

BUREAU V. B.

100 NOV

BECEINEU

filed Funeral þe the fund m 0

BUREAU V. ?

7891 78. VON

RECEIVER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EUREAU V. S

: + VOV

PARONI !



100 S.L 1021

BECEINEI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 . 12397 **CERTIFICATE OF DEATH** Reg. Dist. No. DA 2 USUAL RESIDENCE (Where deceased fived. If institution) Residence before admission) a. STAMaryland COUNTY Washington MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Hagerstown d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 910 Main Ave. YES NO P DATE Month Day Year OF DEATH 1.57 Nov. Leasure IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lest birthdoy) Months Dovs Hours June 27 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Ridgeville West Virginia 14. MOTHER'S MAIDEN NAME Harding Serena 17. INFORMANT Address Little Rock Arkansas Runyan E Hartman INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, affice bldg., etc.) 21. I certify that I attended the deceased from 1953 , 19.5 2, that I last saw the deceased . 19..... to , and that death occurred at 2 M, from the causes and on the date stated above. DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) W. Virginia Duling Cemetery Keyser 249 REC'D BY REGISTRAR 24ba REQUSTRAR'S SIGNATURE Hagerstown Md

BUREAU V. Z.

NOV 29 195,

deoth.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V.

12406

12399

CERTIFICATE OF DEATH

Reg. Dist. No. 307

[2000			Keg.	Dist. No.
N. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (W. o. SIATE Marylan	here deceased lived If institution Residue 6. COUNTY	dence before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hagerstown	GTH OF STAY IN 16		autside corporate limits, write RURAL an	nd give rearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1138 Security Road		d. STREET ADDRESS	Security Road	on a farm? YES NO
3. NAME OF First DECEASED (Type or print) John Alv	Middle ey Lev	vis	4. DATE Month OF DEATH November	Day Year 22 1957
5. SEX 6 COLOR OR RACE 7. MARRIED 1		B. DATE OF BIRTH Dotober 17.		DER I YEAR IF UNDER 24 HRS. Days Hours Min.
	ent Corp.	_	or foreign country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN E	NAME	
George Lewis		Betty 3	Mull	
(Yes, no. or unknown) (If yes, give wor or dates of service) 217 and	09-98901/1	NFORMANT 'S. Elizabe	Address th Lewis Hagers	town Md.
1B. CAUSE OF DEATH [Enter only one couse per Kine for (or PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	mathro	mbrais		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying couse lost. DUE TO DUE TO (b) CUT (c)	riosche	vsis, Men	unalized	years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB				PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO A
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	DW INJURY OCCURRED	D, (Enter nature of injury in	Port I or Port II of item 18.)	
	OCCURRED 20e. PLA foc work	ACE OF INJURY (Home, form clory, street, office bldg, etc	n. 20f. (City or town)	(Caunty) (State)
21. I certify that I attended the deceased from alive on 19 77 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) J. D. VIJ I SON			M, fram the causes and on ADDRESS (Street, city or town, stole) otomac St. Hag.	I last saw the deceased the date stated above DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 11-25-57 Re	st Haven	Cemeterv	22d LOCATION (City, town, or count) Hagerstown	y) (State) Md
711 The next of the second	DDRESS	249 REC'	D BY REGISTRAR 246, REGISTRAR'S	
Scott F. Minnich & Son He	agerstown	Md. 9607	3.21.1957 Longst	Colvery

filled in by the funeral director, as I and 2 should be filed with TE HOSELLE OR ATTENDINE ENYSICENCY The low requires that the deall certificate be executed within all laurs after death may be retained by the hospital or attending physician.

5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed should be detached for use as the burial-transit permit. Then please remove carbon papers, registrar prior to burial, cremation, or removal, and in any event within 72 hours, after death.

> VS A15 (4) 15M 9/55

SOI B. VC.

SUBERU K.

director

Era

within

scuted

physician

attending

á

gned

shauld

FUNERAL

VS A15 (4)

72 Floors

filed

BUREAU V. S.

192 NON SE 1957

Marin al

12408 Reg. Dist. No. 302

1, PLACE OF DEATH o. COUNTY				2	JSUAL RESIDENCE (W	here deceoses		Residence	before admiss	ion)
did nor	ashington		MARYLAN	ю '	Maryl.	and	P COUNTA	Wash	ing Von	
b. CITY OR TOWN	V (If outside corporate limi	ts, write	c. LENGTH OF STAY IN 1	ь	CITY OR TOWN (If	outside corpo	rote limits, write RUI	RAL and giv	re nearest town)
RURAL ond give	erstown		3 years		Hader	Statetal	Baltimo	310	Sulai	if .
d. NAME OF HOS	PITAL (If not in haspital, o	ive street			d STREET ADDRESS				e. IS RES	IDENCE
OR NSTITUTIO Homewood	d Church Hom	e			/Homewood/	2034 E Chunch	Brookfield Y <i>Home</i>	Ave.	ON A	FARM?
3. NAME OF	Fil	st	Middle		Last	4. DATE	Month		Doy	Year
(Type or print)	SUSAN		ELIZA	I	ITTLE	OF	November		- 1	1957
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. 0/	TE OF BIRTH		9. AGE (in years I lost birthdoy)	FUNDER 1	YEAR IF UNDE	R 24 HRS
Femaile	White	WIDOWE	DIVORCED] Ma	y 7, 1876		81. yrs.	Moshi I	Pays Hours	Min
100. USUAL OCCUPA	TION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11 BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF WHAT	COUNTR
Housewo		'	•		Baltimore	. Md.		U	.S.A.	
13. FATHER'S NAME			· · · · · · · · · · · · · · · · · · ·	14	MOTHER'S MAIDEN					
TATE TO	iam E. Tittl	6			Eliz	a Elle	n Mc Camm	on		
15. WAS DECEASEDE	VER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 11	7. INFOR			Addres			_
(Yes, no, or unknown)			ione	Mrs	. Howard K	. Stic	kaal Hage	rstow	n. Md.	
18. CAUSE OF D	DEATH [Enter only one co						0		INTERVAL BE	TWFFN
	EATH WAS CAUSED BY:		a res felt felt erre felt le						ONSET AND	
11 2 2 1	IMMEDIATE CAUSE (o									
4×2,1	OUE TO	,	1.		//	/	1 -		650.	-
Conditions, if	immediate (,	carges		con	w	Vasion		1	~~>
couse (a), statis		•	1						-	
Z lying couse los			CANTRIBUTING TO BEATH	D. 17 b 10 T	DELL'ARD TO THE TERM				10 100	I I I TORON
PART II. (OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	וטא וטָם	KELATED TO THE TERM	IINAL DISEAS	E CONDITION GIVE	N IN PAKE	PERFO	RMED?
D ACCIONATI	· ·	not pres	TOIGH WALL IN THE COMME	DDC0 15		0 . 1 . 0	A 22 -4 'A 28 5		YES	NO 🛂
□ OR CONTRIBUTION	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER]	200. DESC	CRIBE HOW INJURY OCCU	KKED. (Er	ter nature of injury in	ron I or ron	I II of item (B)			
3 20c TIME OF INJ	IURY Manth, Day, Ye	or 20d IN	JURY OCCURRED 200	. PLACE C	OF INJURY (Home, form	n, 20f (Cily	gr town)	(Co	uniy)	(State)
20c TIME OF INJ	10	While of work	Not while	factory,	street, office bldg., etc	E)				
			/ = /	+ 1	7	N . 1	41 .47			
	that I attended the	decease			. 19 10		/		st saw the	
olive on		, 12	and that de	oth occ	urred at				date state	d abov
ACTUAL	1 50	10	27		M/-	WDDKE22 (2)	treet city or lown, st	ate)	11/30	TE SIGN
SIGNATURE	11000	A	ung	M.D.	115	LLX	uni vog		1,2	1-27.
PHYSICIAN'S NAME (Type)	1. Su	D	155	_ (7/451	uh	w long		11/25/	57
220. BURIAL, CREMA		F	22c. NAME OF CEMETER	Y OR CR	MATORY	224 LOCAT	TION (City, fawn, or	county)	(Stote	e)
REMOVAL (Speci	17/26/1	957	Rose Hill	Ceme	terv	Hage	erstown.		Marvla	and
23-FUNERAL DIRECTO	or's signature Zer Funeral	Uomo	ADDRESS	3.4		D BY REGIST		RAR'S SIGN		
Risponk	Elin Forman	Home	Hagerstown,	Md.	Led.	76.19	57 Bhas	4490	reves	11/

1.

**EAU V

ZEET C. AC.

MECENAED AND

No. of

12409

1	2401	CERTIFICATE	OF	DEATH

164	JI CERTIFICA	AIL OI DEATI	•	Reg. Dist. Ne302
i. PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MATVIAN	ere deceased lived If institution	n Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write RU	
RURAL and give nearest town) Hagerstown	3 Hrs	Willian	sport R # 1	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		# STREET ADDRESS		e. IS RESIDENCE ON A FARM?
""sh. County Hospits	11	hownsaitte-	Wmspt Pike	YES OF NO
3 NAME OF DECEASED (Type or print) REBA	EXOMIA	LONG	4. DATE Month OF DEATH NOVEMBE	
- TOPA	RIED NEVER MARRIED	B. DATE OF BIRTH		F 7 1957 19
Fenale White wow		Dec 13 1889		Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	St James	Wash. Co: Mc	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Otho Slifer		Laura F	ahrney	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.		INFORMANT	Addre	13
No	None E	Brown C. Lon	g Williamspo	rt i.d R #1
18 CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY:	ne for (a) (b), and (c)]	40	BOSKI	INTERVAL BETWEEN ONSE AND DEATH
420.1 IMMEDIATE CAUSE (6)	, Ronate	Ausour	1284 1/	((AOIN)
Canditions, if any, which) (b)	/			
gove rise to immediate				
lying cause lost.				
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY
CA				PERFORMED? YES NO
Part II OTHER SIGNIFICANT CONDITIONS OF THE PART II OTHER SIGNIFIC	SCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort I or Port II of item 18)	
5 20c. TIME OF INJURY Month, Day, Year 20d 1		ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Yeor 20d 1 Hour o. m. While of wor	Not while	ctory, street, office bldg., etc.)		
21. I certify that I attended the decease	ed from ////	57.19 10 /	17/57.19	that I last saw the deceased
alive an 1/7/57, 19	, and that death	accurred at 3	1 1 /	id on the date stated abave
No. 19	(a'	1-01	ADDRESS (Street, city or lown /st	
SIGNATURE COMMENT	pellia.	M.D. Glillea	UND PORT.	Md 11/9/5
PHYSICIAN'S NAME (Type)	1			1///
220 BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, or	county) (State)
Burial 11/10/57	Manor Cemet		man .	Wash Co Hd
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		THE RESIDENCE OF STREET, SALES AND ADDRESS OF	RAR'S SIGNATURE
Andrew K. Coffman H	agerstown Lo	office	1.12.1957 6ha	stowers.

VS A15 (4) 15M 9/55

BUREAU V. S

AND SEED VIEW

13 FATHER'S NAME

Hour a.m.

220 BURIAL CREMATION

REMOVAL (Specify)

22b. DATE THEREOF

ON A FARM?

Yeor

Hours

Days

(County)

USA

19 5

(State)

(State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 12402 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Washington b. COUNTY MARYLAND Maryland Washington b. CITY OR TOWN (If autside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give negrest town) Hagerstown Hagerstown d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 1452 Jefferson St. Hagerstownyss No K County Hospital Washington NAME OF Middle 4. DATE DECEASED (Type or print) Elwelton DEATH Loveless Nov. 5 SEX 6. COLOR OR RACE 7 MARRIED A NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HPS 9. AGE (In years lest birthdayl Male White DIVORCED T Sept. WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done 104 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
bor construction dester C Long

Jacob Loveless Barbara Swone 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 452 Jefferson St. NO TAO Addie Loveless OWNES. Har erstown 18 CAUSE OF DEATH [Enter only one couse per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY

Mary Land

14 MOTHER'S MAIDEN NAME

IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, (ci

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO T

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)

20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Day, Year 20d. INJURY OCCURRED

While Not while at work of work p. m. 21. I certify that I attended the deceased from .___that I last saw the deceased

alive on. and that death accurred at M, from the causes and anothe date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED

ACTUAL SIGNATUR PHYSICIAN'S NAME (Type)

> 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county)

factory, street, office bldg , etc.)

Nov. Cemeterv ADDRESS

BUREAU V. F

ADD TESES

7 3

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
124	13	CERTIFICATE	OF	DEATH	

12411

61

									Keg. Dist.	يال (١٧٥٠ .	-
1. PLACE OF DEATH 0. COUNTY				- 11	USUAL RESIDE	NCE (Whe	re decease	lived. If instituti		before odm	ission)
	Washington (MARYLA	ND	0.0	aryla	ınd	b. COUNTY		ngton	
b. CITY OR TOWN (fine RURAL and give no	f outside carporate limits, parest town?	, write c.	LENGTH OF STAY IN	ТЬ	c. CITY OR TO	WN [If ou	tside corpo	rote limits, write f	URAL and giv	re neprest to	rn)
Hagersto	*		3 years			Ha	igerst	cown			
d NAME OF HOSPIT	At (if not in hospital, giv	re street odd	irem)		d. STREET ADI					• 15 R	ESIDENCE A FARM?
	Hill Ave.				. 804	Oak F	HII I	lve.			No K
3. NAME OF DECEASED	First		Middle		Lost	T	4. DATE	Mor	nfh	Day	Yeor
(Type or print)	BEULAH		ZEIGLER		MART IN		OF DEATH	Novembe	r 5, 1	£	19 57
5. SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIED	8 0	ATE OF BIRTH			9. AGE (In years lost birthday)		YEAR IF UN	-
Female	white	WIDOWED	DIVORCED [] A	ugust 22	2. 18	88	69 yrs	Months I	Bys Hour	s Min.
10a USUAL OCCUPATIO		ne 105. KIN	ID OF BUSINESS OR I	NDUSTRY	11 BIRTHPLAC	E (Stole o	r foreign co	ountry)	12. CITIZ	EN OF WHA	AT COUNTRY?
Housewife					Hager	stow	n. Md		FT	S.A.	
19. FATHER'S NAME				1	4. MOTHER'S M					40 4114	
F. Sc	ott Zeigler					Ка	te Mi	ddlekauf.	f		
15. WAS DECEASED EVER		ES7 16. SO	CIAL SECURITY NO.	17. INFO	RMANT			Add			
no	III yes. give war or bores at ter	- 4	-09-1621 A	Cha	arles W.	Mar	tin	Hage	rstown	Md.	
18. CAUSE OF DEA	TH [Enter only one cou	se per line f	or (0), (b), and (c).))	\ , /	17	.1	- 1		INTERVAL	BETWEEN
	TH WAS CAUSED BY,	1	inoma (ac	C 11	hor,	e	WIN	ne		ONSET	DEATH
170X	DUE TO		1 - 1	`	1 /					aber 1 to	June -
Conditions, if or		GOM	OMelan!	Ma	Tasta	VI					
gove rise to in	mmediote (DUE TO	- PVI	- will	ЩХ	INDIN						
Couse (o), stating to	the under	•									
	IER SIGNIFICANT COND	ITIONS CON	ITRIBUTING TO DEATH	BUT NO	T RELATED TO T	HE TERMIN	IAL DISEAS	COND TION GIV	/EN IN PART 1	(o) 19. WAS	AUTOPSY
ATIC										PERF	ORMED?
20g. ACCIDENT WA	S UNDERLYING [] 2	Ob. DESCRIE	E HOW INJURY OCCI	JRRED (E	nter noture of u	nivry in Po	ort I or Part	I II of item 18 t		, tra E	J NO BY
PANT II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 200. TIME OF INJUR' Hour o. m., P. m.	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			
3 20c TIME OF INJURY	Y Month, Day, Year			e. PLACE	OF INJURY (Ho	me, form,	20f (City	or town)	(Co	unty)	(State)
∑ p. m.	19	While of work	Not white at work	102.01	3	and t end t					
21. I certify the	at I attended the a	deceased	from Mar		1955	to 5	Mr	105	7 that I la	et cow the	e deceased
glive on 5 /	`£)'	. 1957	, and that de	eath ac	curred at	2.50F	M from	the causes			
17			, , , , , , , , , , , , , , , , , , , ,		QLJD Darnos	A	DORESS IS	reet, city or town,	stole)	DIK SIDD :	TEG GDOVE, DATE SIGNED
ACTUAL SIGNATURE	Thu	ski	(s)	M.D	230	7/1	WW.	nai		6	FW5
PHYSICIAN'S	- 1- 1	1	/		1/		. 1				
NAME (Type)	F. LUS	DY			Hac	187	517	ms			
220. BURIAL, CREMATIO	N. 226 DATE THEREOF	/ 2	2c. NAME OF CEMETER	RY OR CE	REMATORY /	7	Zd. LOCAT	ION (City, fown,	or county)	(Sto	ote)
REMOVAL (Specify) Burial	11/8/1957		Rest Haver	1 Cer	netery		Hage	rstown,	d.		
23 FUNERA DIRECTOR	s signature or runeral H	Тоте	ADDRESS	2/1		4a.,REC'D	BY REGIST	RAR 246 REGI	STRAR'S SIGN	-ref	. 4.
P. Frankle		LOME	Hagerstown	, Md		HOU	18,19	57 6h	BUTTO	Jour	well

VS A15 (II) 15M 9/55

a fivad.

VOV 12 1957

DECENTED AND THE

Hagerstown, Md.

24a. REC'D' BY REGISTRAR

24ba REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

DEPUTY

BUREAU V. E.

DECEINED

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Dr Layman 12495

CERTIFICATE OF DEATH

12413 Reg. Dist. No.

1. PLACE OF DEATH		14.457	2. USUAL RESIDENCE (WH	nere deceased	I fived If institution: Reside	nce before	odmission)
" Shin		MARYLAND	Larvland		ashingtor		
B CITY OR TOWN RURAL and give	(if autside corporate limits, write nearest tawn)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If o	sutside corpo	role limits, write RURAL and	give neares	of Iown)
**		4 Mos	H gerste	own			
OK INSTITUTION	PITAL (If not in hospital, give street		d. STREET ADDRESS				IS RESIDENCE ON A FARM?
Garlo	ck Nursing Ho	me	539 Reyno	lds A	ve		res Notek
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day	Year
(Type or print)	ROBERT L	EE M	ILLESON	DEATH	November	23 19	9579
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B DATE OF BIRTH		9. AGE (In years IF UNDER	R 1 YEAR IF	UNDER 24 HRS
Male	White WIDOW	DIVORCED	June 10 188	1	(C) VPA (Days H	fours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 10b, orking life, even if retired)	KIND OF BUSINESS OR INDE	JSTRY II. BIRTHPLACE (Stote	or foreign co	Way Collect	TIZEN OF A	WHAT COUNTRY
Inspect	tor Pana R.R.	Retired	Springfie	eld H	mpshire	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N				
Char	lt Milleson		Kary	nd la	ann		
IS WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16		INFORMANT	<u> </u>	Address		
(Yes, no. or unknown)		409-6693 h	rs Frest M	aK aa	336 Rosemon	n+ 6 ***	
	EATH (Enter only one couse per lin		lartinsbu:				AL BETWEEN
	ATH WAS CAUSED BY	· ·		LB .	A CT- 6	ONSET	AND DEATH
4-00.0	IMMEDIATE CAUSE (o)	erebral Hemo	rrhage			8 h	lours
	202.10						
Conditions, if	immediate	<u> pertensive</u>	Cardiovascu	lar I	isease	B*	rears
couse (a), stating	g the under- DUE TO					(0	ertain
lying couse fost							
E	THER SIGNIFICANT CONDITIONS C			NAL DISEASE	CONDITION GIVEN IN PAR	(T I(o) 19.)	WAS AUTOPSY PERFORMED?
S Ar	teriosclerotic	: Heart Dise	ease (2 ye	ars-c	ertain)	Y	ES NO Z
200. ACCIDENT WOR CONTRIBUTION	VAS UNDERLYING 206 DESC IG CAUSE OF DEATH Y MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURR	ED (Enter noture of injury in P	art I of Port	It of item 1B)		
		JURY OCCURPED 20e P	LACE OF INJURY (Home, form,	20f (City	or lown) ((County)	(Stote)
Hour o m.	3.00	Not while to at work	octory, street, office bldg., etc.	1			
			7 10 E7 . No.	ra om b o	×07 57		
	that I attended the decease						
alive an NOT	1 - 32/ 1/12	, and that deat	h accurred at 7120		the Causes and on t reet, city or lown, state)	he date	stated abave
ACTUAL .	· 1/2 True	de					
SIGNATURE	1000		Mo. 100 Prof	6881	onal Arts.	Blag.	11/23/
PHYSICIAN'S	Allian II Tam	W D	**-		4.4		
	1111am T. Lay		Hagerstow	m,	M	aryla	
REMOVAL (Specific	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY			ION (City, town, or county)		(State)
Beril	Lov 26 195	Wit Hebron	Cemetery T				Co Va
23. FÜNERAL DIRECTO		ADDRESS	240, REC'S	BY REGISTI		GNATURE	
Andrew	K. Coffman Ha	reretownd	0/3/00	16,19	51 Chart	Bon	veso

OBVIBORIA FREE 1957

Z . V UAZRUZ

1

12414

12406 CERTIFICATE OF DEATH

	3 ₩ T	UU						Keg. U	IST. TWO.	The state of the s	~~·
1, PLACE OF DEATH	1				2. USUAL RESIDENCE (WI	_	d lived. If institut.				ion)
	Washington		MARYLI		Maryl			And to the state of the state of	ning	-	
b CITY OR TOWN RURAL and give	i (If outside corporate limits, v	write (E. LENGTH OF STAY IN	4 16	c. CITY OR TOWN (If o	outside corpo	prate limits, write R	URAL ond	give nea	rest town	,
Hager			1 week		Hagers	town					
OR INSTITUTION	PITAL (If not in haspital, give		dress)		d. STREET ADDRESS					e. IS RES	IDENCE FARM?
Washin	gton Co. Hosp	ital			1106 Oak	Hill /	lve.,				NO 🗆
3. NAME OF DECEASED	First		Middle		Lost	4. DATE	Man	th	Do	y	Yeor
(Type or print)	William		R		llhouse	DEATH	11		13		19 57
5. SEX	6. COLOR OR RACE 7.	MARRIE	DE NEVER MARRIED	□ 8	. DATE OF BIRTH		9, AGE (In years last birthday)				ER 24 HRS
male	white w	IDOWED	DIVORCED		Sept. 23, 18	95	62 yrs.	Months	Days	Hours	Min
100 USUAL OCCUPA	TION (Give kind of work done orking life, even if retired)	a 10b. KI	ND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State	or foreign c	auntry)	13 C	TIZEN O	F WHAT	COUNTRY?
SETON		Ho:	ffman Clot	h. S	tore P	enna.			U.S	S.A.	
13. FATHER'S NAME			-		14. MOTHER'S MAIDEN N						
	Samuel C. Mil	1hou	se		Marga	aret M	orehead				
IS. WAS DECEASED E	VER IN U. S. ARMED FORCES	? 16. SC	CIAL SECURITY NO	17 IN	FORMANT		Add	ress			
(Yes no or unknown) Yes	(If yet, give wor or dotes of service	0)		wil	liam M. Mill	house	Fred	eric	e. Mr	d.	
	EATH [Enter only one couse	per line	for (a), (b), and (c) 1	100				0.4.2.0		RVAL BE	TWEEN
	EATH WAS CAUSED BY:		Freund	me					ONS	ET AND	DEATH
480 X	DUE TO		Side a		1					· c. A	7
, ,			NI CONTRACTOR		Heart the	-	e /		1		2.0
Canditions, if	immedia		1 Tillen	ne /	resu pour						701
couse (p), statin											
	OTHER SIGNIFICANT CONDITI	IONS CO	NTRIBUTING TO DEAT	H BUT I	OT RELATED TO THE TERMI	NAI DISEAS	E CONDITION CIV	ENI INI DA	PT 1(m) 1	D WAS	AUTOPSY
ATIO	THE SIGHT CONTROL	,014, <u>co</u>	THE DESIGNATION OF THE PERSON	11 001 1	TOT REDATED TO THE TERM	MUT DISTUS	E CONDITION OIL	SIA BALO	11 1(0)	PERFO	RMED2
200 ACCIDENT	WAS LINDSPLYING TO 20H	h hesce	IRE HOW INJURY OC	THRRED	. (Enter nature of injury in I	Port Lor Por	t II of item 18.1			11:2	NO []
PART II C	WAS UNDERLYING 20th	o. Devek	IDE TIOT INDON'T DET	LUNNED	. temes notara ai miory in t	011101101	, , , , , , , , , , , , , , , , , , , ,				
		204 1511	URY OCCURRED 2	On PLA	CE OF INJURY (Hame, form	, 20f (City	or town)		10°		(State)
20c. TIME OF INJU	1.	While	Nat while		pry, street, effice bldg., etc		y br town;		(County)		(Sigre)
p. m	1, 17 (at work	ot wark	9 7	10 9						
21. I certify	tra I attended the de	eceasea	-		, 19,2.9., 19,	for, 1		that I	last sa	w the	deceased
alive on	PN-1671.	19.	Z, and that a	leath	accurred at 0//	_M, fran	m the causes o	ind an	the dat	te state	ed abave.
	1.0 VIII. 1	1			15 week	ADDRESS (S	treet, city or lawn	Tiole)	. ,	, D/	ATE SIGNED
SIGNATURE	Wy / Wyol	lus	~	N	.D 7-17 MC0080	wy	110	Carr	bes a	<u></u>	1//13/
PHYSICIAN'S	Dhilip I H:	e e la mar	. D 70	10 11	Tille wheat as such a	C4 11	T		7	7	
NAME (Type)	Philip J. Hir	Simi	ul, m.D. 15	DY W	 Washington 	JT.	agerstow	n, ræ	дате	ind	
220 BURIAL, CREMAT	ION, 226. DATE THEREOF		22c. NAME OF CEMET			22d LOCA	TION (City, town, i	or county)		(Stot	*
burial	" 11-15-57		Rose Hil	l Ce	metery	Ha	agerstown]	Md.
23. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS		740 REC'	D BY REGIST	RAR 24b / REGH	TRAR'S S	GNATUE	E	

VS A15 (4) ISM 9/55

Fred W. Kraiss

Hagerstown, Md.

BUREAU V. E.

7261 61 **VON**



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12407 CERTIFICATE OF DEATH

Reg. Dist. NG 02

12415

PLACE OF DEATH	4		MATTAR	2. USUAL RESIDENCE (W		d lived. If institute to county			ssion)
b. CITY OR TOWN	If outside corporate limit	h, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
RURAL ond give n	Hagerstown								
HE STREET	erstown TAL (If not in hospital, g		36 Yrs	<u> </u>	rstor	m			
OR INSTITUTION	d STREET ADDRESS				ON	A FARM?			
2007 Virginia Ave				3007 Virginia Ave				YES [NO 🗶
3. NAME OF DECEASED	Fir	ıt .	Middle	Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	FLETCHER EMFRSON		MITCHELL	LL DEATH NOV 28		28 19	1957 19		
S. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	DER 24 HRS
Male	White	WIDOWE		Lav 28 18	85	10st birthday) 72 yrs.	Manths D	ays Haur	Min.
100. USUAL OCCUPATION	ON (Give kind of work of	done 10b	KIND OF BUSINESS OR INDU				12. CITIZI	EN OF WH	AT COUNTRY?
during most of wor	king life, even if retired		vison Retir				7.7	SA	
13. FATHER'S NAME	O PER PEOUL DI	mMCT	ATRON MONTE	14 MOTHER'S MAIDEN		- d. 744.0L		.13	
	3/11 2					Yallahan			
	am Mitche	-			ie tii i	lallahan			
Yes no or unknown)	R IN U S, ARMED FOR	CES7 16.		INFORMANT	700 4 . 1	bbA		and and a	
No		21	4-09.1611	Mrs Ada C.	MITCI	nell 200	Y VII	ginis	a Ave
18 CAUSE OF DE	ATH [Enter only one co	use per lin	ne for (a), (b), and (c).]	Hager tow	m Ld.	•		INTERVAL	
PART 1. DEA	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [0] COMM O COLYSIAN							ONSET AND DEATH	
7	DUE TO							0 40)
Conditions, if o	Charles and a single state of the single state							U. I.	
gave rise to i	mmediate		VIN 1 STATE	5 (1)					1) 1
couse (b), stoling	the under-								
lying couse lost.) (c								
NO PART II. OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERM	IINAL DISEA:	SE CONDITION GIV	EN IN PART I	(o) 19 WAS	ORMED?
								YES [] но 🔼
20a. ACCIDENT WAR	CAUSE OF DEATH	20b. DE50	CRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in	Port I or Po	rt II of ilem 18)			
	MEDICAL EXAMINER)								
	RY Month, Day, Yes			ACE OF INJURY (Home, forrictory, street, office bldg., ele	m. 20f (Cit	y or town)	(Co.	unity)	(State)
Hour o.m.	19	While of war		ctory, street, office blog., etc	c.i				
				10 57	N. 2	·	.1 . 1 4		
1	nat fattended the	deceasi		, 19.2/, to	TVOP -	£, 19 <u></u>	_,that I la:	st saw the	e deceased
olive an1	2.02	رير اور	Z, ond that deat	occurred at 3.5					
1	, , (5 4	444	110 0	ADDRESS (reel, city or town,	stole)	4.0	DATE SIGNED
ACTUAL	ours /-		- Carry	M.D.	- WW	1161	W	11-	29-1
PHYSICIAN'S	1		W CELLO	11	7		1.1		
NAME (Type)	- 9462	5 6	SKHELL	170	les	, an	10/1		
220 BURIAL CREMATIC		F	22c. NAME OF CEMETERY C	OR CREMATORY	20. LOCA	TION (City, town, o	or county)	1 (Ste	ote)
REMOVAL (Specify)	11/30/5	7	Rose Hill	Cemeterv	Hage	rstown "	sh (to had	
23. FUNERAL DIRECTOR			ADDRESS		'D BY REGIS		TRAR'S SIGN		
Andrew V	Cof my	Ha	gerstown Ld.	date		57 18kg		Bell	ess
MINGTON V	o VOI LILLI.	الم المالية	Terbrown wo.	- DAGE	-10.	1 10/10	11/1		

A W UARENU

Phy

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

s 'A Nyacia.

OBCEDAED

12409 CERTIFICATE OF DEATH

Reg. Dist. No. 302

12417

	PLACE OF DEATH			MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY								
\vdash		hington				Mary					ning			
	RURAL and give no	foutside corporate limi arest fawn)	is, write	c. LENGTH OF STAY II			OWN (If o	ulside corpo	rote limits, write R	URAL and	give near	rest town	1)	
	Hagersto			3 mos. 4 d	las.	Smi	ithsb	urg						
	d NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	nve street	address)		d STREET AD	4	IS RES	IDENCE FARM?					
	Washingto	n County H	ospi	tal		Maple			NO 🔯					
3.	NAME OF DECEASED	Fér	rd .	Middle		Lost		4. DATE	Mon	th	Doy	1	Yeor	
L	(Type or print) SUD IE			TRENE		NEWMAN	NEWMAN DEATH		Nov	7.	21	1	19 57	
5. :	SEX	6. COLOR OR RACE	7 MAR	RIED 📆 NEVER MARRIED		B DATE OF BIRTH			9. AGE (In years	IF UNDER		-7		
	Female	White	WIDOW	ED DIVORCED		Nov. 1	1 18	80	lost birthdoy) 77 yrs.	Months	Days	Hours	Min	
10c	USUAL OCCUPATIO	N (Give kind of work	one 10b	KIND OF BUSINESS OR	INDUS	STRY 11 BIRTHPLA	CE (Slate		ountry}	12. CI1	IZEN OI	WHAT	COUNTRY	
	Housewif	ing life, even if refired ධ		Home		Cavet		Mar				T Ø	٨	
13.	FATHER S NAME	0		Home		14 MOTHER'S A			yranu			U.S.	A.	
H	George	A Pound				Sally	E	Omra	1.4					
15.	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO	17, 1	NFORMANT	r <u>r</u> u	<u>Oswa</u>		211				
(Ye	(Yes, no or unknown) (If yes, give wer or stotes of service)													
NO NONE HOY D Newman Smithsburg														
		THE LEGIST ONLY ONE CO				_						INTERVAL BETWEEN ONSET AND DEATH		
	, . ,	IMMEDIATE CAUSE (o	<u> </u>	Bilateral	Pu.	l.conary	Tho	mbose	88			3 m	10.	
	4500	DUE TO												
	Conditions, if on)	Arterioso	ele	rosis						3 y	rs.	
gove rise to immediate couse (a), stating the under:														
lying couse lost. (c)														
N N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?													
.][5]													NO	
CERTIFICATION	200. ACCIDENT WAS	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURREC	D. (Enler noture of	njury in P	ort t or Por	I II of item 18)					
CE 2	OR CONTRIBUTING	CAUSE OF DEATH												
		Month, Doy, Yes	r 20d I	NJURY OCCURRED 3	On. PL/	ACE OF INJURY (He	ome. form.	20f ICib	ne town)		County)		(State)	
MEDICAL	Hour e.m.	19	While	Not while	fac	ctory, street, office b	oldg., etc.	}		,	- Contract		(sidile)	
12	p. m.		of wor			F7		1 7 7	03 65	7				
		at I attended the	deceas	ed Iraiii	-6-	19.57		<u> </u>	-21 <u>-, 19 5</u> 7	,that I	last sa	w the	deceased	
	olive on:	11-21-	, 19	\square , and that α	death	accurred at	1:25	∆M, fran	n the couses a	nd on t	he date	e state	d above.	
	.4 //	1 -	- 4	,					treet, city or town,			DA	ATE SIGNED	
	SIGNATURE	ales E	. 1	less		M D	Smi	thsou	irg, Har	ylar	ıd			
	PHYSICIAN'S													
	NAME (Type)	Charles F	'. H	ess. ID]	1/23/57					
220	BURIAL, CREMATION	N. 226. DATE THEREC	F	22c. NAME OF CEMET	ERY O	R CREMATORY		224 LOCAT	MON (City, town, o	r county)		(State	a)	
	REMOVAL (Specify) Burial	11/25/5	7	Rose Hil	1. C	emeterv		Нас	gerstown	Md -		,	Ì	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		2	4a. REC'D	BY REGIST	RAR 24b, REGIS		SNATURI		.7	
	Suter-Roi	zer Funera	T Ho	ome Hagers	tow	n Md	Mod.	26.19.			Poe		20	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

Then please remove corbon papers.

The gistrar prior to buriol, cremotian, ar removal, and in ony event within 72 hours, after death. VS A15 (4) 15M 9/S5

41



ENKERU "

IBARDES

EUREAU V. E.

Emmitsburg, Md.

DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. **b.** COUNTY Washington Smithsburg. Md. IS RESIDENCE ON A FARM? YES NOTE Day Year 57 November 10 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH mo PERFORMED? YES NO IX (County) (State) 1952 that I last saw the deceased (State) Maryland 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE



.... 18 1957



VS. A15ME(5) 5M 9/55 60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12420

12444 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Pan	Dist.	Max	302
ROG.	DIST.	LAG.	302

1	PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where dece	ased lived. If institu		before admission)				
		hington		MARYLAND	o. STATE Man	ryland	b. COUNT	Y Washi	ngton				
ľ	b. CITY OR TOWN (If and give nearest fown)	outside corperate limits, writ	a RURAL	c. LENGTH OF STAY IN 16	1		orporate limits, write	RURAL and gir	re negrest town)				
	Ernstvill	.0		2½ hrs.	Hagerstown								
	d. NAME OF HOSPITA	L OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDR	ESS			e. IS RESIDENCE ON A FARM?				
	In Field	while Hunt	ing		18	18 Avalon Ave.							
3). NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Monti		y Year				
	(Type or print)	JOHN		CLARENCE :	PRESGRAVES	DEATH	Novembe	r 2	9 19 57				
5	S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdgy)	Months Day					
	Nale White WIDOWED DIVORCED July 23, 1882 75 yrs. Months												
1	On. USUAL OCCUPATIO	N (Give kind of work life, even if retired)	done 10b. I	KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?				
8	Retired Eng			stern Md. R.R				U.S.	A.				
	13. FATHER'S NAME				14. MOTHER'S MAIL								
Joseph Thomas Presgraves Margaret M. Vaughn													
	15. WAS DECEASED EVE		RCES? 16.		INFORMANT		Address						
ľ	no	for her' Bus mon or gones or	7	05-10-7620	Ars. Margan	ret C. P	resgraves	Hager	stown, "d.				
	18. CAUSE OF DEAT	H [Enter only one cou	rse per line					1	NTERVAL BETWEEN				
1	PART I. DEAT	H WAS CAUSED BY		Acute Corona	ry Ocelusia	an a		1	ONSET AND DEATH				
	420.1	DUE TO		ACARE OUTURE	T OCCIONAL								
1	Conditions, if on												
	gove rise to immed	iote couse		*									
\perp	(o), stoting the u	nderlying											
1	PART II. OTH		<u>^</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINALDISEA	SE CONDITION GIV	EN IN PART 16	oli 19. WAS AUTOPSY				
	OIL		_						PERFORMED?				
	20a. EXTERNAL CAU	SE WAS 20	b. DESCRIB	E HOW INJURY OCCURRED.	Enter nature of Injury i	in Port I or Port	II of item 18.1		THE NOTE				
	PART II. OTH	None None		None			,						
	5 20c. TIME OF INJUR		nt 20d.		ACE OF INJURY (Home	form. 20f. (Ci	ty or town)	(County	(Stote)				
- 1	20c. TIME OF INJUR Hour o. m. p. m.	none 10	Whil	e Not while for	tory, street, office bldg	j., elc.)	-	_					
1		at I took charge		remains described ab	none	tanaru 🗆	Inspection [7]	for any law of					
			_				Inspection [2],	Inquiry	, and find that				
	death resulted	Iram: Naturat	cooses [A, Accident [], 30	icide 🔲, Hami	icide [, l	Jndetermined c	ause [_].					
	ACTUAL .	Polo.	TU	1000	CMIEE MEDIC	CAL EXAMINER [7		DATE SIGNED				
	SIGNATURE	1) occur		TELO .	M.D.	REDICAL EXAMIN							
	EXAMINER'S NAME (Type)	S. Ro	bert	Wells, M.D.		ICAL EXAMINER	_	11-	-30-57				
2	20. BURIAL CREMATION	N. 22b. DATE THEREC)F	22c. NAME OF CEMETERY O		22d. LOC	ATION (City, town, o	or county)	(Stote)				
	Burial	12/2/19	57	Rest Haven			erstown,		Maryland				
2	a funeral director: Suter-Rouze	r Funeral	Home	Hager stown,	Ma A	REC'D BY REGIS	STRAR 246. REGIS	STRAR'S SIGNA	TURE				
	B. Franklin	Porger		Hager 200MII)	SA.	ec. 3.14	of John	411	ocured)				

DACE TO

SELVEDER . S. VO. B. V. S.

10.00

			_
19/11	CERTIFICATE	OF DEA	T

	Reg. Dist. No.
2. USUAL RESIDENCE (Where deceased lived.	. If institutions Residence before admissis
- CTATE	

13.	o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY
L	WASHING-TON MARYLAND	MARYLAND 6. COUNTY
Я	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If autside carporete limits, write RURAL and give nearest lawn)
_	HAGEISTOWN	SMITHSBURG KURAL
Г	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS • 15 RESIDENCE ON A FARM?
L	WASH. CO. HOSPITAL	SMITHSBURG MID. DOX 13 VES IN NO DO
3.	NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
н	(Type or print) 315AN - MAY -	RUTHS DEATH NOVEMBER - 28. 1957
5.	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days House Man
	FEMALE WHITE WIDOWED DIVORCED	NOV. 27. 1957 Fost birthdey) Months Days Hours Min.
/ 170	OUSUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDU during most of warking life, even if retired)	
	NOME	HAGERSTOWN MID U.S.A.
13). FATHER'S NAME	14 MOTHER'S MAIDEN NAME
П	HOWARD RUTHS OR.	LORETTA WINDERS
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (for no or unknown) (Iff year, gave wor or dates of service)	NFORMANT
L	NO NORE H	OWARD KUTHS OIR. SMITHSBURG MD,
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)],	INTERVAL BETWEEN ONSET AND DEATH
	PART ! DEATH WAS CAUSED BY: Premoturely	(5/2 her (Jummey)
	116 X DUE TO	
	Conditions, if ony, which) (b)	
П	gave rise to immediate couse (o), stoting the under:	
ı.	lying couse last. (c)	
Ó	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Į,		YES NO
CERTIFICATION	200 ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING TO CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II of item 18.)
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e Pi	ACE OF INJURY (Hame, form, 20f (City ar town) (County) (State) clory, street, office bldg., etc.)
3	p. m 19 of wark at work	
\perp	21. I certify that I attended the deceased from	My, 195 /, to. 28 Nov., 195 7that I last saw the deceased
	alive an	
П	ACTUAL VOL.	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE	M.D
	PHYSICIAN'S J. D. Wilson, N. D	
2		
-	REMOVAL (Specify)	1
. 21	SURIAL NOVIDO 1957 SMITHSBURG	ZEMETERY SMITHSBORG MD
23	BATT LINE HAVE BALL	11 N - 10 - 11 P - 11 A
	DASI TUNEICACHOME DOON	SBORO MANTE, 2, 1957 ATRIANTIBOCO CO

VS A1S (4) 1SM 9/S5

BUREAU V. E.

DECEINED

NER 3

VS A15 [4]

BURSAU V. S.

101

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12413	CERTIFICATE	OF DEATI
-------	-------------	----------

1			116	14	ਹੁੰ CERTI	TIC.	AIE OF D	CAIN			Reg. Di	it. No.	302			
y.	1.	PLACE OF DEATH COUNTY Shin	oton		MARY	LAND	2 USUAL RESID		ore decease	d lived If institut			odmissio	in)		
			(If autode carporate lim	ils, write	c. LENGTH OF STAY	IN 15	1		rtside carpo	rote limits, write I			st town)			
			stown		18 Yrs	3	US Has	gerst	own							
			TAL (If not in hospital,	give street	oddress)		d STREET A		e.	IS RESIL	DENCE ARM?					
		36 So	Cannon Av	e			36	So C	anno	n Ave		,		NO 🛣		
		NAME OF DECEASED	ři.	rst	Middle		Losi		4. DATE Of	Mor	th	Day	Y	tor		
		(Type or print) SEX	MINNIE	F	LORENCE	SC	HILDKNE		DEATH	Nov	-	957	1	_		
		-	6 COLOR OR RACE		RIED NEVER MARRI		B. DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER Months	_	Hours	Min.		
	100	Female	ON (Give kind of work	WIDOW		_	Oct 31	188		75 yrs.	12 (17	IZEN OF	WHAT	OUNTRY?		
1		aniting mast at wol	rking life, even it relifed)	Own Home		3.5			AV. CL.	12.01	US.		COUNTRIP		
	13.	HOUSOWO	JIA		OMIT HOME		Myer 14. MOTHER'S			red Co		- O D.	Z'\			
		Thes	dore Sch	lldk	necht		l/s	rv J	ane I	Houpt						
			ER IN U. S. ARMED FOR	CES? 16		. 17. 1	NFORMANT				ress					
		No	(If yes, give wor or dates of t	ervice)	None	Mr	s Pauli	ne F	ields	422 N	o Loc	nust	St			
		18. CAUSE OF DE	ATH [Enter only one co	use per l	ine for (a), (b), and (c).]		erst				INTERV	AL BET	WEEN		
			ATH WAS CAUSED BY IMMEDIATE CAUSE (c	Ce	rebral her	norr					Sh	ort		erval		
		1-40%	DUE TO				Ü									
	Conditions, if ony, which (b) Hypertensive cardiovascular disease Indefinite															
		couse (o), stoling the under. DUE TO														
	1/2 1/2															
	CERTIFICATION	1,10 V	tes melli		CONTRIDUTION TO DE	4711	TOT WELLED TO	THE PERMIT	ANT DISEMS	L CONDITION OF	CIN HATAK		PERFOR			
	TIFIC				SCRIBE HOW INJURY O	CCURRE	D (Enter nature of	Finjury in Po	ort I or Pari	t II of item 18.)			<u></u>	NO LA		
		OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH (MEDICAL EXAMINER)													
	MEDICAL		RY Month, Doy, Ye		NJURY OCCURRED	20e. PL/	ACE OF INJURY (F	Home, form,	20f (City	or town)	(0	ounly)		(Stale)		
	MED	Hour a.m. p. m.	. 19	While		. 100	Jory, sireer, office	biog., wic.)								
		21. I certify t	hat I attended the	decea		<u> </u>	2 , 1949	volbt.			_,that	last saw	the c	leceased		
		alive on Se	pt. 24	, 12	57 and that	death	Exact	ime :	no Fron	known The Eduses	and on th	ne date	state	d abave.		
	'	ACTUAL /	(XX) 11.	1	.~.		7.1.0	_		reet, city or town,		_	- 2-	E SIGNED		
1		SIGNATURE	0/01/10	ماريسمار	1		M.D. 148	yes wes	t Wa	shingto	n St		1/1	8/57		
		PHYSICIAN'S NAME (Type)	B. B. K	neis	TAL M D		u	~~ ~ +	Ot-130	Ma						
	220	BURIAL, CREMATIC			22c. NAME OF CEM	ETERY O		gerst		Mid.						
		REMOVAL (Specify		57	Rose Hil	_			TT				(Slote)			
	23.	FUNERAL DIRECTOR)]	ADDRESS		evetery	24a REC'D		RAR 246 REGI	STRAR'S SIG)	1		
		Andrew	K. Cof 'm	n H	ageratown	p.d		Mor	1,00,19	157 6ho	446	locu	es 1			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low 0 VS A15 (4) 15M 9/55

may be retained by the hospital or attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample as 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death.

filled in by the funeral director, es 1 and 2 should be filed with

requires that the death certificate be executed within 24 hours after death. Page 4



BUREAU V. E

WIDOWED |

WHITE

JOSIAH SCHLOSSER

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]

DUE TO

DUE TO

(b)

during most of working life, even if retired)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

FARMER

DIVORCED

6812

FARM

10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

16. SOCIAL SECURITY NO

36

Influenza

Pneumonia

OWN

. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN 13 days

13 days

12. CITIZEN OF WHAT COUNTRY?

1957

U.S.A.

Davi

ON AVEAPAR

YES MI NO M

Year

19

Min

Reg. Dist. No.

b. WASHINGTON

Month

Address

DEATH NOVEMBER

9, AGE (In years lost birthday)

74

HARVEY J.SCHLOSSER BOONSBORO MD.R 1.

4. DATE

1887

MONROE WASH.CO.MD.

SAVILLA DOUB

FEBRUARY

- broncho.

17 INFORMANT

14 MOTHER'S MAIDEN NAME

	ţ	Ė	
	e l	ģ	
	0	Ī	
	ero.	8	
	fyll.	등	
	ş	es I and 2 should be filed	
	à	2	
	<u>.</u>	Š	
	Ped	 	
	ij,	ě	
	ğ	50/	1
	200	8	5
	g	E E	8
	9	ğ	ffer
	.0.0	0	0
	ķ	ò	ğ
	D.	ē	2
	ġ.	Se	. <u>e</u>
	Hen	붑	ij
	9	69	É
	듄	Ė	e V
	9	ŧ	2
	Jan S	Der.	Ē.
	·≌"	=======================================	ğ
	8	200	, o
	20 20	+	200
)	Ĕ	jeri	Ē
	00	e	50
	差	25	'n,
	9	9	ofic
	Ŧ	7 5	rem
	DIRECTOR: After this certificate has been signed by the attending physician and camplete _{. I} titled in by the funeral director	ld be detached for use as the buriof-transit permit. Then please remove carbon papers	prior to burial, cremotian, ar removal, and in any event within 72 hours after death.
	¥:	chei	uria
	0	et o	Ž
	C	P	Y L
	X	9	pric
	Bed	-	

0

0

M

MALE

13. FATHER'S NAME

 ${
m NC}$

480 X

Conditions, if ony, which

gove rise to immediate

cause (a), stating the underlying couse lost.

HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page moy be retained by FUNERAL DIREC

CARON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Arteriosclerotic cardio-vascular-renal disease YES NO 6
CERTIFI	20a ACCIDENT WAS UNDERLYING ODESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 19 19 20d. INJURY OCCURRED While of wark 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote) foctory, street, office bldg, etc.)
	21. I certify that I attended the deceased fram Octo 20, 19 of, to 11/757, 19, that I last saw the deceased alive an Nove 30 6, 1957, and that death accurred at 3 P M, from the causes and on the date stated above
	ACTUAL SIGNATURE 2 Street, city or town, stole) ACTUAL SIGNATURE 2 Sharpsburg, Md. 11/8/5
	PHYSICIAN'S Walter H. Shealv M. D.
20	BURIAL (Specify) NOV.10 1957 BOONSBORO CEMETERY BOONSBORO WASH. CO.MD.
3	FUNERAL DIRECTOR'S SIGNATURE BOTTON BOTTON OF

VS A1S (4) 15M 9/55

egistror

S'A AVE IN SEE STAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12445 CERTIFICATE OF DEATH

12426

302 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND ashington Marvland Washington b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town] Yrs. Leitersburg Pike Hagerstown Hagerstown d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION Leitersburg Pike YES NO NAME OF 4. DATE Middle Loui Month (Type or print) DEATH HARRISON SHANK November 19 57 5 SEX 6 COLOR OR RACE 7. MARRIED A NEVER MARRIED | B. DATE OF BIRTH 9. AGE (in years IF UNDER I YEAR IF UNDER 24 HRS. Ma.l e WIDOWED [7] DIVORCED | Jany 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) d 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Smithsburg W Dairy Rarmer USA rmployed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida C. Spessard Calvin S. 16 SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Anna Shank Hagerstown 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO PT 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lown) (County) (Slale) factory, street, affice bldg., etc.) Hayr a.m. While Not while at work at work 21. I certify that I attended the deceased from 2-1-, 1906, to 11-23, 1957, that I last saw the deceased , and that death accurred at A 20 MM, from the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown or county) REMOVAL (Specify) Rest Haven Cemetery buria] Hagerstown V: 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Andrew K. Coffman-Hagerstown. Maryland

VS A15 (4)

BUNEAU V. S.

filed with

P

> 0

papers. campi

> carbon offler

ቕ

permi

burial-transit

TO

0

any

death. gud

BOLLET A

- 24

L			194	C	ERTIFIC	:AI	E OF D	EATI	-I			Reg. D	ist. No			
Ī	PLACE OF DEATH	4	144	1 0		- 11	2 USUAL RESIDENCE (Where deceased lived if institutions Residence before admission) o STATE b. COUNTY TY TO THE PROPERTY OF									
L		nington			MARYLAND		Marytand washington									
Г	b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	its, write	c. LENGTH C	OF STAY IN 16		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
L	Smith	nsburg			rs.	×	Smith	ısbu	rg							
Г	d. NAME OF HOSPIT OR INSTITUTION.	AL (If not in hospital,	give street	oddress)			d. STREET AL							e, IS RE	SIDENCE A FARM?	
L	2	4 E. Wate	er S	Ն •			24 E	. Wa	ter	St.					K CON	
3.	NAME OF DECEASED	Fi	rs?		Middle		last		4. DATE		Mont	h	Do	y	Yeor	
L	(Type or print)	DAISY		MAUDE			SOUTH		DEATH	Nov	emb	er	21		19 57	
5	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER	MARRIED [B. C	DATE OF BIRTH			9. AGE (In last birt	yeors hday)	Months	R 1 YEAR	IF UND	ER 24 HRS	
L	female	white	WIDOW		IVORCED [1	lov. 7		386	71	yrs.	muiins	Doys	riours	Min.	
10	during most of work	ON (Give kind of work ting life, even if retired	done 10b	KIND OF BUS	INESS OR INC	USTRY	11 BIRTHPLA	CE (Stote	or foreign e	country)		12. CI	TIZEN C	DE WHAT	COUNTR	
L	housev	ing life, even if retired V110	C	wn ho	ne					o. Mo		J	J.S.	.A.		
13	FATHER'S NAME						4. MOTHER'S	MAIDEN N	MAME							
L				. Slic				Ann	ıa Ma	sters	3					
15	WAS DECEASED EVE	R IN U. S. ARMED FOI Iff you, give war or dates of	RCES? 16.	SOCIAL SECUI	RITY NO 17.	INFC	RMANT				Addre	:15	Rt	#4		
L	no			none	M	rs	Geo.	K.Pc	ffen	berge	r.W	ayn	esb	oro	. Pa	
		TH [Enter only one co	ouse per li	ne for (a), (b),	and (t)-]								INT	ERVAL BE	ETWEEN DEATH	
П	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (<u>, Cei</u>	rebrov	ascul	ar	Accid	ent					1		n.	
L	33/X	DUE TO														
L	Conditions, if or		, Ger	nerali	zed A	rte	riosc	lero	sis				2	yrs		
L	gove rise to immediate cause (a), stating the under-															
١.	lying couse lost.) (c)(
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CON	IDITIONS (CONTRIBUTING	TO DEATH B	UT NO	T RELATED TO	THE TERM	INAL DISEAS	SE CONDITIO	ON GIVE	IN IN PAI	RT 1(o) 1	9. WAS PERFO	AUTOPSY DRMED?	
ĮŽ.			Les es											YES	NO []	
ERTI	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW IN	IJURY OCCUR	RED (I	Enter noture of	injury in	Part I or Pa	rt 1f of item	1B)					
100			1		100				1000							
MEDICAL	20c. TIME OF INJUR Hour a.m.		While	NJURY OCCUR Not while		factor)	OF INJURY (My, street, office	iome, forπ bldg., etc	s, 20f. (Cit s)	y or lown]		((County)		(Stote)	
×		19	of wor						7 (7.7							
	21. I certify th	at I attended the					19.57		1/22	1	9.57	,that I	last so	ow the	decease	
	alive an	1/22	, 12_	27, and	d that dea	th ac	curred at.		5A, fra	m the cai	uses qu	nd an I	he da	te stat	ed abav	
П	ACTUAL C	harles Fr	- 41							street, city or	town, s	tote)		D.	ATE SIGNI	
	SIGNATURE C	races yo	, ppe	4-0		_M.D	Smit.	<u>na bu</u>	rg.	Md.				11/2	2/57	
L	PHYSICIAN'S NAME (Type)	Charles	F. H	less			d alle will alle sole alle sone age son	Sm	ithsl	ourg	Md.					
22	O. BURIAL, CREMATIO	N, 226. DATE THEREG)F	22c. NAME (OF CEMETERY	OR C	REMATORY		22d LOCA	ITION (City,	fawn, at	county)		(5101	le)	
	REMOVAL (Specify)	Nov.24	195	7 Sm	ithsb	ur	5		Smit	hsbur	g.W	ash	.Co	.Md		
23	. FUNERAL DIRECTOR	SIGNATURE	4	ADDRES!	3			24a. REC'	D RY PEGIS	TRAP - 241						
L	Paul F	Bittle	M	versvi	11e.	Md		DATE	2 5 '57	W	المرا	Auc	人			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 moy be retained by the hospital or ottending physician.

**O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complying 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers are registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

y filled in by the funeral director, yes I and 2 should be filed with



Marie I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12429

	12416 CERTIFICATE OF DEATH Reg. Dist. No. 30												
1,	PLACE OF DEATH Wa.	shington		MAR	YLAND	2. USUAL RES	Maryla		d lived. If inst b. COU		Residence b Wash		•
	b. CITY OR TOWN (IF RURAL and give ned Hage	oviside carporate limi arest fawn) PS COWN	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OF	Hagers		Prate limits, wr	ite RURA	L and give	nearest to	own)
	d. NAME OF HOSPITA OR INSTITUTION Washing	A (If not in hospitol, a ton Co. Ho		-		d street ADDRESS 147 High St.						ON	RESIDENCE A FARM? NO N
3. NAME OF First (Type or print) Meda			si	Middle A		ielman	Lost 4. DATE OF DEATH			Month	1	Doy 4	Yeor 19 57
5.	female	6 COLOR OR RACE	7. MARR	NEVER MARRI		8 DATE OF BIR	3.004		9. AGE (In ye lost birthde	ogra IF L	INDER 1 YE		rs Min.
16	during most of working	N (Give kind of work ing life, even if retired duties	done 10b.	KIND OF BUSINESS O	OR INDUS	TRY 11. BIRTH		T				OF WH	AT COUNTRY
13. FATHER'S NAME William Storm 14 MOTHER'S MAIDEN NAME Susan Smith													
	WAS DECEASED EVER	IN U.S. ARMED FOR If yes, give wor or dates of s	APPENDING S	SOCIAL SECURITY NO 20-30-7630		FORMANT Edna	M. Dav	ies		Address CS tol	wn, M	d.	
		TH [Enter only one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o		ne for (o), (b), and (c)	1						d	NTERVAL ONSET AL	BETWEEN ND DEATH
	Canditions, if any, which (b) (Created IV and the control of the c									1 1 /			
_	lying couse last. (c) The state of the state										4 .		
CATION	PART EL OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED 1	O THE TERMIN	NAL DISEAS	SE CONDITION	GIVEN	IN PART 1{c	1 PER	AS AUTOPSY REORMED?
L CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE5	CRIBE HOW INJURY O	OCCURRE	D. (Enter noture	of injury in Po	ort I or Por	rt II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While at war	NJURY OCCURRED Not white of work		ACE OF INJURY tory, street, offi			y or town)		(Cour	ly)	(Stote)
	21. I certify the	at I attended the	deceas 7.19	1 -4	death	accurred a		M. frá	/, 19_ m the cause				ne deceased
	ACTUAL SIGNATURE	V 51:1	11.	15		M D	/ A		itreet, city or to			11/	DATE SIGNED
	PHYSICIAN'S NAME (Type)	Turt .	, t	3.16		\		كيسة سيات	*	1.	<u> </u>	11/1	, . <u>}-{</u>
22	PEMOVAL (Specify)	11-16-57)F		_	r crematory emetery		Ha	TION (City, to gersto)		ounty)	{\$	Md.
	red W. Kra		rstow	ADDRESS m, Md.			PROUNT PROCE	BY REGIST	TRAR 244 1	SOISTRA	R'S SIGNA	TURE	ers

VS A15 (4) 1SM 9/55



BUREAU V. E.

VS A15 (4) 15M 9/55 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
--	----

0.4.4	CERTIFICATE	OF DEATH
2/17	CEKTIFICATE	OL DEWIL

Reg. Dist. No. 23302

				***	W. 0131. 140.	
1 PLACE OF DEATH 0. COUNTY	ashington	MARYLAND	O STATE .	there deceased lived. If institutions R	residence before admission) Nashington	
b. CITY OR TOWN	(If outside corporate limits, wr	rile c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURAL		
RURAL ond give		4 vrs.	nr. Wils	sons-Hagerstown	n R#2	
d NAME OF HOSE	PITAL (If not in hospital, give si		d STREET ADDRESS		e. IS RESIDENCE	
	tin Manor N		Wash.	Co. Maryland	YES NO K	
3 NAME OF	First	Middle	Lost	4. DATE Month	Day Year	
DECEASED (Type or print)	BESSIE	M. S	SPRECHER	DEATH November	er 21 19 57	
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS	
Female	White wo	OOWED 🛣 DIVORCED 🗌	Jan. 26,1	1878 79 713 Mo	onths Days Hours Min.	
100 USUAL OCCUPAT	ION (Give kind of work done	106 KIND OF BUSINESS OR INC			12 CITIZEN OF WHAT COUNTRY?	
House	orking life, even if retired)	Own Home	Hagersto	wn, Maryland	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN		0.021	
Pe	ter H. Breit	weiser		beth A. Bachte	el1	
15 WAS DECEASEDEN	/ER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO 17.	INFORMANT	Address		
No or unknown)		None I	loyd Sprech	er-New York C:	ity-	
18. CAUSE OF D	EATH [Enter only one couse p	per line for (a), (b), and (c)			INTERVAL BETWEEN	
PART 1 DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	CEREBRAL HEM	ORRHAGE WITH	H HEMIPLEGIA	ONE WEER	
	DUE TO					
Conditions, if	ony, which) (b)					
	gave rise to immediate DUE TO HYPERTENSIVE HEART DISEASE					
lying couse last	15 YEARS					
PART () O	THER SIGNIFICANT CONDITIO		JT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN I	N PART I(u) 19. WAS AUTOPSY PERFORMEDS,	
TAS		NONE			YES NO 1	
PART II O	VAS UNDERLYING [] 20b. IG [] CAUSE OF DEATH Y MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in	Port I or Part II of item 18)		
\$ 20c TIME OF INJU		od INJURY OCCURRED 20e.	PLACE OF INJURY (Home, for	m, 20f. (City or town)	(County) (State)	
20c TIME OF INJU	16	/hile Not while	factary, street, office bldg., et	c.)		
			10 44 10 NO	OV 21 10 57 11		
	that I attended the dec	eased from 15			at Hast saw the deceased	
alive on	73	19 and that dea	th occurred at 1.1.1.1	30M, Pflom the causes and		
. ACTUAL	1, 0 (Da)	hart a her		ADDRESS (Street, city or town, stole	DATE SIGNED	
SIGNATURE	CLAID CAYE	an Copur	_ M D			
NAME (Type)	ARCHIE ROBE	RT COHEN, M.	D. CLEAR SE	PRING, MARYLAN	D 11/22/57	
220. BURIAL, CREMATI REMOVAL (Specif	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, lown, or co	unty) (Slole)	
Burial	" 11-24-5"	7 Rose Hill	Cemetery	Hagerstown.	Maryland	
FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR 246 BEGISTRAL		
Andrew K	. Coffman-Ha	agerstown, Ma	ryland \ At/	201057 Ches	Dowers	

7 0 1007



100 Se 1957



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4 2 4 1 9 CERTIFICATE OF DEATH

302

				64	0			•		Reg. Dist	. No.		
	1. P	PLACE OF DEATH o. COUNTY ashington MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE any land b. COUNTY (as)						odmissio tor	,				
	Ь	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x: Rural "a mension, III.							
	C	NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g	ive street o	address) BP .		d STREET ADDRESS	R.D.#	2			IS RESID ON A F YES	
	C	NAME OF DECEASED (Type or print)	Willi	0076	Middle		Stenger	4. DATE OF DEATH	Nove	embe	Day 7 -	Y. 19	57
	5. S	lale	Thite	WIDOWE		0 🔲 1		000	lost birthdoy) 7] yrs.	Months (Hours	24 HRS Min
1	P	act atter	(Give kind of work of life, even if retired)	done 10b.	KIND OF BUSINESS O			stur			USA	WHAT C	OUNTRY
			liam I,				14. MOTHER'S MAIDEN N Elizabe		mmert				
1	15 1 Yes	WAS DECEASED EVER II	N U. S. ARMED FOR res, give wor or dates of s		SOCIAL SECURITY NO		FORMANT Thos. L.Ste	en er,	Ma zerst		.id	. n	.#2
)		18. CAUSE OF DEATH PART 1. DEATH	Enter only one co WAS CAUSED BY: AMEDIATE CAUSE (o		lmonary	. ,	ysema				INTER ONLE	YAL BETY RAYOW	VEEN JEATH
	Candilions, if any, which gave rise to immediate couse (o), stoting the under: DUE TO DUE TO						unknown						
27	NOIT	lying couse lost. (c)											
£	CERTIFICATION	20g. ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	Huper UNDERLYING [] CAUSE OF DEATH DICAL EXAMINER)				SEASE LEnter nature of injury in	Port 1 or Port	II of item 18.)			res 🔼	NO 🔲
	ا بــا	20c. TIME OF INJURY Hour o. p. p. m.	Month, Day, Yes	While	IJURY OCCURRED Not white	20e. PLA foct	CE OF INJURY (Home, farm ory, street, office bldg., etc	20f. (City (or town)	(Ca	ounty)		(Stote)
1		21. I certify that alive on NOV		12.5	7, and that	death	occurred at 3:20	PM, from ADDRESS (Sin	eet, city or lown, s	nd on the	date	stated DAT	l above E SIGNE
		PHYSICIAN'S Ar	chie Rob	ert	Cohen, M	I.D.	Clear S	pring	, Maryl	and	11,	/15/	<i>'57</i>
	220.	BURIAL CREMATION, REMOVAL (Specify)	226. DATE THEREO	57	72c NAME OF CEM		CREMATORY	22d. LOCATI	ON (City, town, or CEPSUUT	county)		(Stote)	

ADDRESS

ercersburg, Fa.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers.

Page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. VS A15 (4) 15M 9/55

BUREAU V. S.

AON

MEGELL

VS A1S (4) 1SM 9/5S

12432 30Z

12447 CERTIFICATE OF DEATH

				Neg. Blott tro.
. PLACE OF DEATH . COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO	ere deceased lived. If institution b. COUNTY	Residence before odmission) Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RU	RAL and give nearest town)
Rural Hagerstown	3½ years	Hagers	stown	
d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION Gateway Nursing Home	ddress)	d street address 560 Jeff	erson St.	e. IS RES DENCE ON A FARM? YES NO ZC
3. NAME OF DECEASED (Type or print) Effice	Middle Bell	Stine	4. DATE Month OF DEATH NOV.	Doy Year 24 1957
5. SEX 6. COLOR OR RACE 7. MARRIE White Widowet		8. DATE OF BIRTH Peb. 28, 187	lost highday)	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) HOUSE WITE	on of Business or Indus Own Home	TRY 11 BIRTHPLACE (Stote of	or foreign country) Pa.	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		•
Cyrus Barnhart		Elizabet	th Sites	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (16. S (19. no. or unknown) (19 yes, give war or dates of service)		rs. Lulu Sto	Addre Rt	444
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE [o]	antlering to DEATH BUT	al Sch	NAL DISEASE CONDITION GIVE	IN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN While of work	Not while for	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on 223, 12. ACTUAL SIGNATURE AUTOR PHYSICIAN'S NAME (Type) David R. Brewe	Z, and that death			That I last saw the deceased and an the date stated above tole) DATE SIGNED
220. BURIAL, CREMATION, Part THEREOF BUT181 11-26-57	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or St. Line	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE
Scott F. Minnich & Son	Hagerstown	Md. Mar	277 1757 1891	11HBreed



MEEN A .

124:9 **CERTIFICATE OF DEATH** il directar, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY Washington o. STATE l.Id 🛦 MARYLAND death. eral b. CITY OR TOWN (If autside carparate limits, write C LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give regrest town) RURAL and give nearest (own) places ofter d. NAME OF HOSPITAL (If not in hospital, give street address) or Manufor ton Jounty hospital by 12 within 24 hours pup ₽. NAME OF Middle filled es 1 DECEASED izabeth (Type or print) 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED fem le white WIDOWED A DIVORCED [7] comple executed popers. 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife own home oud e q 13. FATHER'S NAME John W. Harsh certificate please remove within 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Woll. that DUE TO by permit. Conditions, if any, which certificate has been signed a os the burial-transit permi gave rise to immediate DUE TO couse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (En 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE C Day, Year 52 Haur a, fi. factory. While Not while at work at work p. m. may be retained by the haspi
O FUNERAL DIRECTOR: After
3 shauld be detached for
gistrar prior to burial, c. 21. I certify that I aftended the deceased from alive on and that death occ ACTUAL SIGNATURI PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CRE REMOVAL (Specify) raul's on 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

F. Linnich & Jon,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Rea. Dist. No.

wash.

33Ten	soure				
d. STREET ADDRESS				e, IS RESID ON A I	ARM?
torffer	4. DATE OF DEATH	Man	UV. 6	/	57
opt. 6, 18	87	AGE (In years last birthday)	Months Do		24 HKS. Min
11. BIRTHPLACE (State of				N OF WHAT	OUNTRY
MOTHER'S MAIDEN N	AME	linda		te	
MANT		Add	ress		
Nancy Ne	5140 O. C	T, Lul	யம்றவ	rst. n	2 212 7
1 Fler	un 1	Zon'	v	INTERVAL BET	WEEN DEATH
	·			V	7
RELATED TO THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PART 1	o) 19. WAS AI PERFOR YES	WED5
ter nature of injury in P	ort I or Part	(f of item 18.)	****		
F INJURY (Home, form, street, office bldg., etc.)	20f. (City o	or town]	(Cov	nly)	(State)
., 19 to	1/6	the causes of		t saw the d	
		pet, city ar town,			E SIGNED
WWY G	UL ST	194C/1	MI I	- 41	7/5/
MATORY		ON (City, tawn, o	or county)	(Stote)	
retery	nerr	olear .	ring	, mil.	
ind photo	BY REGISTR	AR 24b REGIS	STRAR'S SIGNA	20eve	w
		7			

b. COUNTY

VS A15 (4) 15M 9/55

Dangera K &

NOV 15 1957

णि राचलग्री

1	7	1	1	
P		7	ē	>
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4	14	director	3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. 🌎 😝 and 2 shauld be filed with	
death.		unerol	ld be fi	
urs ofter		by the (d 2 shau	
n 24 ho		Filled in	es I an	
d with		pletely	ers.)
execut		mas pue	dod bo	deoth.
icate be		ysician o	ove corb	urs parter
th certif		ding ph	ase remo	in 72 ho
the dec		he otten	hen ple	ent with
res thot		ed by 1	ermit. T	опу еч
ıw requi	sicion.	een sigr	ronsit po	I. ond ir
t: The lo	ling phy	te hos b	buriof -₹	removo
YSICIAN	or attend	certifico	e os the	otian, or
ING PH	ospitol	fter this	ed for us	of, cremo
ATTEND	be retained by the hospital or attending physician.	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	detache	gistrar priar to burial, crematian, or remavol. and in any event within 72 haurs after death.
AL OR	toined	L DIREC	ould be	or prior
SPIT	De re	ERA	3 54	gistr

VS A15 (4) 15M 9/55 81

MARYLAND	STATE DEPARTMEN	NT OF HEALTH-	BALTIMORE,	18
4040	3.0			

12420 CERTIFICATE OF DEATH

12434 or. Dist. No. 302

1.	PLACE OF DEATH COUNTY Washington MARYLAND				- 11	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY Washington							
-	b. CITY OR TOWN (IF	outside corporate limi	ls, write	c. LENGTH O	F STAY IN	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Hagersto	· ·		2 hrs.					erstown				,
-	d. NAME OF HOSPITA		ive street		2		d. STREET A		STS LOW!	1		e, ts	RESIDENCE
	Washingt	on County	Hospi	tal			/ 212 F	airer	round 1	tve.			N A FARM?
1	NAME OF	Fur			Middle		los		4. DATE		-41		
	DECEASED (Type or print)	OLIVE		C	ORA	STF	ICKLANI		OF DEATH	Novemb		3	1957
5.	SEX	6. COLOR OR RACE	7. MARR	IED 🔼 NEVER	MARRIED	□ B	DATE OF BIRT	Н	-	9. AGE (In years		YEAR IF U	INDER 24 HRS
П	Female	White	WIDOWE	D 🗍 D	IVORCED [5 S	Septembe	er 28,	1889	lost birthday) 68 yrs.	Months	р _{дуз} Но	urs Min
10	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	lone 10b.	KIND OF BUSI	NESS OR I	NDUST	RY 11. BIRTHPL	ACE (State	or foreign co			ZEN OF W	HAT COUNTRY?
	Housewife	ng irre, even it retired					Gird	lletre	ee, Man	ryland		U.S.	A.
13.	FATHER'S NAME						14 MOTHER'S				3		
	Joh	n W. Jomes						Cor	ra Robi	inson			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES7 16.	SOCIAL SECUR	ON YTI	17, INF	ORMANT				Iress		
	no	f yes, give war or dates of s	1	one		Mr.	Alfred	E. S	Strick]	Land H	agerst	own.	Md.
F	18. CAUSE OF DEA	TH [Enter only one co	use per lin	e for (a), (b), a	and (c) 1				-				L BETWEEN
	PART I. DEATH WAS CAUSED BY: Intestinal obstruction								ONSEL A	IND DEATH			
	\$ 70.5 DUE TO						(history)						
ŀ	Conditions. If ony, which) By Undetermined cause												
	gove rise to in	mediate (
	lying cause last.	he under-											
١z	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTPIBUTING	TO DEATH	BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19, W	AS AUTOPSY
Ĭ	W 2	s mellitus								recoma(d		PE .PE	REORMED?
CERTIFICATION	200 ACCIDENT WAS						(Enter noture o				CC 91125C	70 47 75	LJ NO LA
	(IF EITHER, NOTIFY	MEDICAL EXAMINER											
MEDICAL		Month, Day, Yes		NURY OCCUR		e. PlAC	E OF INJURY I	Home, form	20f. (City	ar tawn)	(Co	ounty)	(State)
MED	Hour e.m. p.m.	19	While of work	Not while		18.10	ry, siteer, cirror	i bieg., etc.	.,				
	21. I certify the	at I attended the	decease	d fram No	v. 3.	19	57 19	to No	v. 3.	1957 10	that I le	net cow t	he decoared
	alive an Nov.		Ro							the causes of			
			1	, , ,	. mar 00	Som (recorred di			met, city or town,		e dule si	DATE SIGNED
	ACTUAL SIGNATURE-	11.00	104m	non		M	Hage		n, Md.	,	,		
	PHYSICIAN'S NAME (Type)	. T. Layma	n, M.	D,									
22	BURIAL, CREMATION	, 226. DATE THEREC	F	22c. NAME C	OF CEMETE	RY OR	CREMATORY		22d. LOCATI	ON (City, town,	ar county)	(State)
	REMOVAL (Specify) Burial	11/6/19	57	Girdle	etree	Met	hodist	Cema		Letree.		Maryl	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS					BY REGISTR		STRAR'S SIG	NATURE	
	Suter-Rouz	er runeral	nome	Hager	stow	1	d.	1200	6.195	7 1540	ENTER	gace	ese

BULLEAU V. S.

2507 . AO,

MINESEN

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 302

Washington

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

MARYLAND

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

IS RESIDENCE ON A FARM?

YES NO T

Yeor

19 57

Alien

Dr. Binford

Months



ENEERN V. S.

ADDRESS

Rea. Dist. No.

. IS RESIDENCE

ON A FARM?

YES NO

Year

10

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

12. CITIZEN OF WHAT COUNTRYS

INTERVAL BETWEEN

PERFORMED? NO D

(State)

YES [7]

(County)

24g. REC'D BY REGISTRAR

WASHINGTON

Month

Months

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 [4]

3 A UVILLE

7861 S. VOV

MISTORIA

1243712423 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) · COUNTY Wi **b.** COUNTY Washington MARYLAND Marvland Washington deoth. erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ۵ RURAL and give nearest town) Rural Hagerstown should Hagerstown day d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS OR INSTITUTION ON A FARM? R.F.D. Washington County Hospital YES NO IN NAME OF Middle. 4. DATE Year 1951 CLARENCE VICTOR TRUMPOWER November 10. (Type or print) within 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Doys Hours Male White October 9, 1887 WIDOWED T DIVORCED [70 yrs. executed compl 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11) BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life even if retired) Organ Manufacture Near Clear Spring. Md. Wood Machine Operator U.S.A. 13. FATHER'S NAME 14 MOTHER S MAIDEN NAME Lucinda Repp Nelson Trumpower гетоме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Robert Bowman Hagerstown. ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ony Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part t or Part II of item 18) os the MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or lown) 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg , etc.) D. IT While Not while of work of work 2) I certify that I attended the deceased from nov. 10 that I last saw the deceased and that death occurred at 3 R. M. from the causes and an the date stated above. ADDRESS (Street, city or lown, stote) DATE SIGNED ACTUAL SIGNATURE should 1 Weeks, M.D. Hagerstown, Maryland PHYSICIAN'S NAME (Type) Ed. BURIAL CREMATION. 22b. DATE THERE 22c NAME OF CHMETERY OR CREMMTHIRY 22d LOCATION (City, Iown, or county) (Stofe) REMOVAL (Specify) St. Paul's Cemetery **ADDRESS** 24g REC'D BY REGISTRAR 246 AREGISTRAR'S SIGNATURE Hagerstown, Md. 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MON LE NON

.z .v Casaug

BUKEAU V. S.

NOV 15 107

MEGENAEM

VS M15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
2 O 4 O					·	

12424 CERTIFICATE OF DEATH

12439 Reg. Dist. No. 302

	1. PLACE OF DEATH O. COUNTY Washington	RYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Hagerstown 3 yea		
3	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 153 S. Mulberry St		d. STREET ADDRESS 153 S. Mulberry St. on a farm? YES NOT
	3 NAME OF DECEASED (Type or print) Charles Fento		Wenner 4. DATE Month Day Yeor OF DEATH November 7 19 57
	5. SEX 6. COLOR OR RACE 7. MARRIED 首 NEVER MAI White WIDOWED DIVOR	RRIED [Till 3 3 3 3 3 0 0 10st bythday) Months Days Hours Min
1	100 USUAL OCCUPATION (Give kind of work dane dying most of work politie, even if retired) Yardmaster Railroad		Brunswick Md. 12 CITIZEN OF WHAT COUNTRY?
	Charles M. Wenner		Edna Garrott
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos. no or unknown) (If yes, give wor or dates of service) (705 = 0.5 = 78		Address Iiss E. Virginia Wenner Brunswick Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stoting the under. DUE TO	ona	ay Thembree ONSET AND DEATH Suddle
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work at work at work		PLACE OF INJURY IHame, form, 20f. (City or tawn) (County) (State) factory, street, office bidg., etc.)
ą	alive an 4/10/37, 19, and the ACTUAL SIGNATURE	25/57 at death	M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) M.D. 136 N. Potomac St. Hag. Md.
	PHYSICIAN'S HOWARD N. WOOKS 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CI	EMETERY OF	11/3/57 Y OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	Burial 11-11-57 St. Mar	_	Cemeters Petersville Md
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son Hager	stow	own I.Id. part 12/957 Charly Geever 1

EVIETU V. S.

· MI ST NON

Magazo EN

1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 1. COUNTY AS I I NOTON 1. MARYLAND 2. DUSIAL RESIDENCE Where descripted lived. If institutions signifying before adentified a COUNTY of the			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1944.30
ANAMO OF HOSPITAL (I) FOR MACE AND MACHINE AND INCOME OF MACE AND ANAMO CROCKET IA SOCIAL SECURITY NO. 17. INFORMANT MACHINE STANDERS NAME J. PAILER'S NAME			12449 CERTIFICATE OF DEATH Reg. Dist. No. 144
B. CITY OF TOWN II CONTROL OF CONTROL IN INC. LENGTH OF STATE NI IN INC. CONTROL IN INC. CONTR	75		COUNTY A B. COUNTY TO L. C. STATE AL.
SAME OF INSTITUTION Control Name of the Name of State			C. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SOLE WAY LON VELESCEN HOME HOSE PRIVAL NO. 10 Day Year DECREASE OF THE WORK AND THE PRIVAL COUNTRY WILL CONTINUE THAT I WORK ZEH HE WILL COUNTRY WIL		K	d NAME OF HOSPITAL (If not in hospital, give street address) , d STREET ADDRESS e. IS RESIDENCE
DECEASED Type or print) The print of the p	4	-	steway Convalescent Home HacersTown, Md. FITT MORE DI. " YES NO !
S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED D. DATE OF BIRTH S. PATE (in: year) IF UNDER TYPER IF UNDER 24 HIS MIDOWED DIVORCED JULY S. PATE (in: year) IF UNDER TYPER IF UNDER STANDARD DIVORCED JULY S. PATE (in: year) IF UNDER TYPER IF UNDER STANDARD DIVORCED JULY S. PATE (in: year) IF UNDER TYPER IF UNDER STANDARD DIVORCED JULY S. PATE (in: year) IF UNDER TYPER IF UNDER STANDARD DIVORCED JULY S. PATE (in: year) IF UNDER TYPER IF UNDER STANDARD DIVORCED JULY S. PATE (in: year) If UNDER TYPER IF UNDER STANDARD DIVORCED JULY JU		1	DECEASED OF
IO. USHAL OCCUPATION (Give bind of work done) Ob. KIND OF BUSINESS OR INDUSTRY II. BIRTHEFLACE (Side or foreign country) I2. CITIZEN OF WHAT COUNTRY?		1	6. COLOR OR RACE 7. MARRIED NEVER MARRIES B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
13. FATHER'S NAME 14. MOTHER'S MADEN NAME 14. MOTHER'S MADEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL/SECURITY NO. 17. INFORMANT 15. MAY DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL/SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH 18. PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH 18. CAUSE OF DEAT			USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 112. CITIZEN OF WHAT COUNTRY?
18. CAUSE OF DEATH [Enter only one couse per line for [9]. [b]. and [c]. 18. CAUSE OF DEATH [Enter only one couse per line for [9]. [b]. and [c]. 18. CAUSE OF DEATH [Enter only one couse per line for [9]. [b]. and [c]. 18. CAUSE OF DEATH [Enter only one couse per line for [9]. [b]. and [c]. 18. CAUSE OF DEATH [Enter only one couse per line for [9]. [b]. and [c]. 18. CAUSE OF DEATH [Enter only one couse per line for [9]. [b]. and [c]. 19. PART I. DEATH WAS CUSED BY: 19. MANDONATE CAUSE [0]. 19. DE TO Conditions, if any, which gove rise to immedicate cotts [c]. Island give rise to immedicate cotts [c]. I	ō \$	1	Touse wite West Virginia
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Nell, e. K. Murphy 3122 Perry villet Ve. P. TTS DUR 18. CAUSE OF DEATH [Enter only one couse per line for jej. (b), and (c).] 18. CAUSE OF DEATH (Enter only one couse per line for jej. (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse per line for jej. (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (o) 19. WAS AUTOPSY PERSONMEDY YES NO. 200. ACCIDENT WAS UNDERVING. 201. ACCIDENT WAS UNDERVING. 202. ACCIDENT WAS UNDERVING. 203. ACCIDENT WAS UNDERVING. 204. ACCIDENT WAS UNDERVING. 205. CONTRIBUTING. 206. CONTRIBUTING. 207. ACCIDENT WAS UNDERVING. 208. PLACE OF INJURY (Home, form, 201. (City or lown) 209. PLACE OF INJURY (Home, form, 201. (City or lown) 200. THR OF INJURY Month, Doy, Year 20d. INJURY OCCURRED. White Not while of work of work in a supplied of work. 21. I certify that I attended the deceased fram 12. The part of the deceased and an the date stated above. ADDRESS (Street, city or lown, stole) 21. I certify that I attended the deceased fram 12. The part of the supplied of the supplie	s affe		1 2 2 1
18. CAUSE OF DEATH [Enter only one couse per line for left]. (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate costs (a), stoling the yades: (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDIT	72 havr	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
DUE TO Conditions, if any, which gove rise to immediate cottle (b), total the yarder: lying course lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH II OF CONTRIBUTING COURSED IN CONTRIBUTING CAUSE OF DEATH II OF CONTRIBUTING COURSED IN CONTRIBUTING CAUSE OF DEATH II OF CONTRIBUTING COURSED IN CONTRIBUTING COURSE ON COURSE ON CONTRIBUTING COURSE ON CONTRIBUTING COURSE ON CONTRIBUTIN	<u> </u>		18. CAUSE OF DEATH [Enter only one couse per line [or /g), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate code (a), sloting the under: Diagnocouse lost. Col.	ven v		IMMEDIATE CAUSE (o)
DOUBLE COSTS (D), stoling the yunder: OUE TO	any e		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DO DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING DATE OF DEATH ITEM CONTRIBUTION DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of	9		cosse (a), stating the <u>under-</u>
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of two	naval. a	CAT	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that I attended the deceased fram 16. 1. 19.3 H, to 10. 1. 19.5 That I last saw the deceased alive as 10. 1. 19.3 T, and that death occurred at 1. 45. M, fram the causes and an the date stated above. ADDRESS (Street, city or lawn, stote) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) DULY 22c. NAME OF CEMETERY OR CREMATIONY 22d. LOCATION (City, town, or county) SEMOVAL (Specify) NOV. 10 19.5 T HAY PEY 23a. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 11 24a. REC'D BY REGISTRAR'S SIGNATURE	5	_	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
actual signature Avid Brewer PHYSICIAN'S NAME (Type) David Brewer 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. FUNERAL DIRECTOR'S SIGNATURE 230. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE		MEDICAL	Hour a. m. While Not while foctory, street, office bldg., etc.)
ACTUAL SIGNATURE AVIOLOGY M.D. CLASS (Street, city or lown, stole) PHYSICIAN'S NAME (Type) DAVIOLOGY M.D. SEWEY 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) (Stole) PHYSICIAN'S NAME (Type) DAVIOLOGY (STOLE) PHY	اة 1		
SIGNATURE M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D	ם ס		
NAME (Type) 120 POR PROPERTY OF CREMATORY 220, LOCATION (City, Iown, or county) (Stole) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Iown, or county) (Stole) PLUM A VOV. 10 1957 HAY PRY 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	- Jourd		SIGNATURE ANTALOUTE M.O. Clas Spring 11/14/57
PEMOVAL (Specify) NOV. 10 1957 Harper Harpers Ferry W. Va 22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LANGUAGE ADDRESS LANGUAGE 240. REGISTRAR'S SIGNATURE	201	L	PHYSICIAN'S David R. Brewer Mg.
22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	Ön 41	220	PEMOVAL (Specify)
TOR ON COLLEW HOVEYS PEVVI WINDONE 11-16-5 12 and the form		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
		学	LUR D. DOULEN, HAVIERS PEVVI IVIDATE 11-16-3 /2 19 19 19 19 19 19 19 19 19 19 19 19 19



2501 6 1 NON

BUREAU V. S.

12425 CERTIFICATE OF DEATH

Reg. Dist. No. 302

12441

			wag. Dist.	. No. 002		
1 PLACE OF DEATH o. COUNTY	464.504.464	2 USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institutions Residence			
"&shington	MARYLAND	Naryland Washington				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RURAL and giv	re nearest town)		
Hagerstown	11 Days	X/ Smit	haburg Box 124			
d. NAME OF HOSPITAL (If not in hospital, give stre	ret oddress)	d STREET ADDRESS		. IS RESIDENCE ON A FARM?		
" sh. County Hosp:	ital	Henrie	tta St	YES X NO		
3 NAME OF First	Middle	Lost	4 DATE Month	Doy Year		
(Type or print) MARGARET	AL META	WILLIAMS	DEATH November 1			
	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS		
	OWED DIVORCED	Apr 11 189	2 lost birthdoy) Months D	ays Hours Min.		
10a USUAL OCCUPATION (Give kind of work done 1	06. KIND OF BUSINESS OR INDU			EN OF WHAT COUNTRY		
during most of working life, even if retired) HOUSEWIFE	Own Home	Waynesbo:	4 50 8	USA		
13. FATHER'S NAME	01112	14. MOTHER'S MAIDEN N				
Frank Conrad		Elvie				
15 WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 117. I	NFORMANT	Address			
(Yes, no or unknown) (III yes, give wor or dates of service)	None D.	Ralph Will	iams Smithsburg	# Box 124		
1B CAUSE OF DEATH [Enter only one couse pe	r tine for (a), (b), and (c)]			INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY:	erebral	I hrom bo	5/5	3 Davs		
LL L d of DUE TO						
Conditions, if any, which) (b)	rteriosclero	tic Cardi	O Vascular Discar	2 yrs.		
gave rise to immediate Couse (a), stating the under-						
lying couse lost. (c)	_					
	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY		
15				PERFORMED?		
PART II OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONT	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Year 20c		ACE OF INJURY (Home, form,		unty) (State)		
20c. TIME OF INJURY Month, Day, Year 20c Mour e. m. 19 of the state of	ile Not while for	ctory, street, office bldg., etc.				
	- 11/-	51.	11/1-75/			
21. I certify that lattended the dece	and the same of th	, IY = 2, 10	1991, that I la	st saw the deceased		
alive on	and that death		_M, from the causes and on the			
ACTUAL PL D	5/	-0 0 1	ADDRESS (Street, city or town, state)	DATE SIGNED		
SIGNATURE COMMENTED SO	7223	M.D. Smiths	DUYR JUIL	-1.5/2.		
PHYSICIAN'S NAME (Type)			<u> </u>			
220. BURIAL, CREMATION, 276 DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	(Stole)		
Burial 11/20/57	Rest Haven	Cenetery	Hagerstown Wash.	Co Md		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 245, REGISTRAR'S SIGN	ATURE		
Andrew K. Coffman Ha	agerstownd.	ROO	,20.19576 Teast Kg	loevers		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspitol or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.

3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

BUREAL TO LEAR

門門四日日



LEGI LL NOL

BUREAU V. S.

VS A15 (4) 15M 9/55

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

8 12443 Reg. Dist. No. 305

	1, PLACE OF DEATH 0. COUNTY AS TNGTON	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE b. COUNTY WASHINGTON					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	BOONSBORO	50 YEARS	BOONSBOR	RO				
	d. NAME OF HOSPITAL (II not in hospital, give street OR INSTITUTION	d. NAME OF HOSPITAL (II not in hospital, give street oddress) OR INSTITUTION			IS RESIDENCE ON A FARM?			
;		STREET	241 NO	ORTH MAIN ST	PERITY YES NO €			
	3 NAME OF FIRST DECEASED	Middle	Lost	4. DATE Mon	nth Day Year			
	(Type or print) LUCY		YOUNG	DEATMOVEMBER				
		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.			
	FEMALE WHITE WIDOW		JUNE 11 18	875 82 "				
,	100 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (SIOT	ie or foreign country)	12. CITIZEN OF WHAT COUNTE			
1		OWN HOME		DDLETOWN FREI	CO.MD. U.S.A.			
	13. FATHER'S NAME		14 MOTHER'S MAIDEN	NAME				
	FRANCIS ALEXANI		LYDTA F	E.SMITH				
1	(Yes, no. or unknown) yes, give wer or dates of service		MPORMANI	Add	ress			
		A	RS.MARGAREJ	STERNER BOO	ONSBORO MD.			
	18 CAUSE OF DEATH [Enter only one couse per II PART I, DEATH WAS CAUSED BY:	ng for (o), (b), and (c)]	1 a toma	of me	INTERVAL BETWEEN			
	IMMEDIATE CAUSE (o)	anelaliza	CHURAS P	auspro	12 gar			
	DUE TO	Eerebral	1 11	. /	1 doses			
	Conditions, if any, which (b)	Elseval	James	rance	1 way			
	couse (o), stoting the under-			1				
	(4)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	VEN IN PART 1(6) 19, WAS AUTOPSY			
>	PART II. OTHER SIGNIFICANT CONDITIONS			THE STREET OF GOTTE STREET	PERFORMED? YES NO NO			
	200. ACCIDENT WAS UNDERLYING 206. DES	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	n Port I or Port II of item 18.)				
	ANG. ACCIDENT WAS UNDERLYING UNDE							
			ACE OF INJURY (Home, for		(County) (State			
	Hour o. m. 19 of wo	- MAN WINE	ctory, street, office bldg., e	Ac.)				
	21. I certify that I attended the decea	sed from //10 100x	10.1954 10	102 A 195	Lithat I last saw the deceas			
	alive on MOV & 195	()	occurred at 5		and an the date stated above			
	6118.1	A Transfer of the second	roccorred de de Lagrange	ADDRESS (Street, gity or town,	4			
	ACTUAL SIGNATURE	an	MD /2	sousbon	19/5			
	MINESARY 0 1/1/1 0//			· · · · · · · · · · · · · · · · · · ·				
	NAME (Typo) G , W LE U	()	*****		ng			
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	OR CREMATORY	22d LOCATION (City, town	or county) (Stole)			
	BURIAL NOV.11 195	4 I I I I I I I I	CEMETERY	BOONSBORO WAS	SH.CO.MD.			
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	240. REC	C'D BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE			
	Bast the Down K	2007481700	DATE /	10.11.1957 Jal	de Vi Cast			

BUREAU V. E.

40A 13 1825

BECEIVED

this this

registrer within 72 hours after death. After by the funeral director, the third copy of

the t

certificate has been executed by the attending physician and completely filled death certificate assembly when id be detached for some as a burial fransit permit FUNERAL DIRECTOR: The law requires that the IImth cert ficate IIe filed

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12444

12427 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED				
county Washi	ngton	MARYLAND	STATE W.	Va. county More	gan		
CITY (If outside corporate I OR and give nearest tow	mils, write RURAL	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)				
TOWN Hagers	town	I day	TOWN Berk	eley Springs	5		
HOSPITAL OR		nty Hospita	1 STREET ADDRESS 60	7 S. Washingtor			
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)		
(Type or Print)	heila	Gay Yo	unker	DEATH NOV.	[4, I95,7		
5. SEX 6. COLOR FACE Female whit		RIED, 8. DATE NORCED, NEANT II	OF BIRTH -9-57	9. AGE last birthday IF UNDER Months	R 1 YEAR IF UNDER 24 HRS. Hours Min.		
10a, USUAL OCCUPATION (Give done during most of working ratired) Infant	kind of work 10b, K	IND OF BUSINESS OR INDUSTRY	1	Springs, W. Va.	2. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAID	IN NAME			
Thurman	L. Younker	Jr	Helen Ep	pinger			
15. WAS DECEASED EVER IN U.		16. SOCIAL SECURITY NO.	17, INFORMANT				
(Yas, no, or unk.) (If Yes, give	war or dates of service)	None		n L. Younker Ji			
I DISEASES OR CONDITIONS D	RECTLY LEADING TO BEAT	18. MEDICAL CI	RTIFICATION	eley Springs, /	INTERVAL BETWEEN		
IMMEDIATE CAUS	1/.5	tracromal f	buowskage	Sevene	Sdacp		
ANTECEDENT CAUS		tacil To	·	a to	- O. J.		
DISEASES OR CONDITIONS, IF G VING RISE TO THE ABOVE STATING UNDERLYING CAUSE	CAUSE	0 11-1:-	i-jus acc	CC 10	Jacqs		
THE OTHER SIGNIFICANT CONTOUR	(C) 1-10	hall beath	engung		<i>V</i>		
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAU	TED TO THE						
198. DATE OF OPERATION	19b. MAJOR FINDING	S OF OPERATION			20. AUTOPSY? YES NO		
21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH OF INJURY street	ma, farm, factory, , office bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town) (Cou	1		
21d. TIME OF INJURY (Month)	W	a. INJURY OCCURRED hile Not while work at work	ZII. HOW DID INJURY OC	CUR?			
22. I hereby certify if	hat, Lattended the dec	eased from 11/13	1957 10	11/14/ 1057 that 1	last and the decree of		
				e causes and on the date state	last saw the deceased		
SIGNATURE				DRESS (Street, city frown, stete)	DATE SIGNED		
(1. M. 1) MIC	oun	M.D	302 N. 10Tom	AC St. Hogeritai	culte "113/5		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DAY THEREOF	NAME OF CEMETERY C		LOCATION (City, Jown, or county	y) (State)		
Burial	YI-I4-57		Cem. Md.	Rural Hancock	s, Md.		
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATUR	5	28. FONERAL DIRECTOR	0 41 1/5 31/4	way skys		
DATALU	1 bash	Livers	VarisoTus	usel Bon	1.1.61		

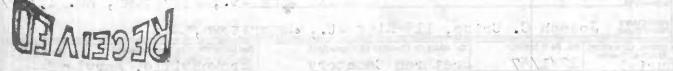
O A NYTHING

TRACESES

HIAST TO STADISTRED



DEC + 1957



State of the seal
OTATION AND STADISHING

The section of the section of

BUREAU V. S.

2561 SS NOV

